



Request for Confidential Communications

Contact Person: HIPAA Privacy Officer, HNI (as an Affiliated Covered Entity)

Contact Phone, Email and Fax: phone - (512) 730-3060 ext. 281, email - compliance@hnihc.com, fax - (737) 273-8520

Patients have the right to request that we communicate their protected health information by an alternative means or to an alternative location (“confidential communication”). All requests for confidential communication must be in writing and include the information documented on this form. We will review each request but reserve the right to refuse the request as established by federal law.

Patient Name: _____ Date of Birth: _____

Telephone #: _____ Email: _____

Address: _____

****Select the confidential communication means being requested: ****

Alternate address:

Address: _____

Alternate email:

Email: _____

If the address provided above is not your home address or is not a street address, please provide us with a street address for purposes of ensuring payment:

Payment Address: _____

Alternate phone number:

Telephone #: _____

Other:

Please provide the requested communication and what should be communicated:

Signature of Patient: _____ Date: _____

Signature of Authorized Representative: _____ Date: _____

Relationship to Patient: _____