

Valley Center for Reproductive Health

Confidential Channel Communication Request

As required by the Health Information Portability and Accountability Act of 1996, you have a right to request that communications concerning your personal health information be made through confidential channels. This medical practice will not ask you why you are making your request, and will make reasonable efforts to accommodate all reasonable requests. Some method of contact must be provided and, as appropriate, information as to how payment will be handled.

I, _____, hereby request the use of the following confidential channels for the communication of information related to my personal health, treatment, or payment for treatment.

Phone

I want you to contact me by telephone at _____

Do Do Not Leave messages on my answering machine

Do Do Not Leave messages with any other person, if so

With: _____

Relationship: _____

Mail

I want you to contact me at the following address:
