

**Stamps Health Services**

**Request for Confidential or Alternative Methods of Communication**

You have the right to receive confidential communications from Stamps Health Services (SHS). I understand that SHS is not required by law to accept my request, but will make every effort to accommodate reasonable requests for alternative means of communication. I also understand that SHS cannot protect my personal health information by alternative methods of communication.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

I request that Stamps Health Services communicate with me (Check one and complete necessary information) as follows:

By US mail at: \_\_\_\_\_

By telephone at: \_\_\_\_\_

email: \_\_\_\_\_

\_\_\_\_\_  
Signature of patient or personal representative      Date

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**FOR INTERNAL USE ONLY**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Disposition:  
\_\_\_\_\_  
\_\_\_\_\_

Notification made:

By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Method: \_\_\_\_\_