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 Representative:

_____**Date:** _____

If signing as authorized representative, describe your authority to act for the patient, and submit documentation showing such authority, as appropriate:

_____

FOR INTERNAL USE ONLY

Received by: _____ Date: _____ Time: _____

Disposition:

_____

_____

Notification made:

By: _____ Date: _____ Time: _____

Method: _____