# OSU MEDICINE

## REQUEST FOR ALTERNATE MEANS OF CONFIDENTIAL COMMUNICATIONS

At OSU Medicine, we communicate with you using the information you provide at registration, which may include your phone number, voicemail, address and email. If you wish to request that we communicate with you in a different manner, please complete the information below, and we will notify you regarding whether we can reasonably accommodate your request.

**Original Communication/Contact Information:**
This information will be used to correctly identify you for the purpose of reviewing this request.

Patient Name: _____ Date of Birth: _____

Current Address: _____

Current Phone: _____ Current Email: _____

**New Communication/Contact Information and Instructions:**
Please fully describe the changes or accommodations that are being requested (e.g. *I request that OSU Medicine send all mail to the confidential address of 123 Confidential Address, Tulsa OK 74107. I agree to be contacted at the phone number in my medical record, but I do not want messages left on voicemail. Do not send email. Do not communicate with me through the patient portal.*)

_____

_____

_____

_____

I understand that these changes will not take effect until I receive notification that OSU has determined my request can be reasonably accommodated.

Signature: _____ Date: _____
Patient or Legal Representative

Printed Name and Authority of Legal Representative (if applicable): _____

**RETURN THIS FORM TO: OSU CHS COMPLIANCE OFFICE, 717 S HOUSTON, SUITE 510, TULSA, OK 74127**

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**FOR OSU MEDICINE USE ONLY**

Decision: _____

Date Patient Notified of Decision: _____

Reviewed By: _____

*Rev. July 2018*