

Care America HHC

Request for Confidential and/or Alternative Communications

Please complete this form to request that we communicate with you confidentially and/or by alternative means or at an alternative location.

I, _____ request that Care America HHC communicate in a specific manner with _____ me, or _____ with _____ for whom I am the personal representative.
(patient name)

Communication should be as follows:

Mail: _____

e-Mail: _____ Telephone: _____

Language: _____

Location: _____

Using special equipment: _____

Other: _____

**You are not required to provide a reason for your request;
however by doing so, you may help us better serve your needs:**

I freely tell you the reasons for this request, and they are:

Signature of requestor: _____ Date: _____

If the requestor is the patient's personal representative, relationship to patient:
