

**OWYHEE COMMUNITY HEALTH FACILITY
REQUESTS FOR CONFIDENTIAL COMMUNICATION BY ALTERNATIVE MEANS OR
ALTERNATE LOCATION**

I, _____, Date of Birth _____ request an alternative means of communication of my health information (e.g., regular mail, telephone, facsimile) or communication of my health information to an alternate location.

I understand that request for communication by alternative means or to an alternate location is applicable only to information held by the Owyhee Community Health Facility (OCHF) and disclosure by alternative means may not be protected and could endanger me. I understand that request for FAX communication may be intercepted by others and OCHF is not responsible if such intercepts occur.

(Note: OCHF is unable to accept e-mail addresses as an alternative means of communication at this time.)

Please describe in detail your proposed alternative means or alternate location for receiving communication from OCHF:

Alternate Mailing Address:	Alternate Phone Number:
Alternate Means of Contact <i>(Please Specify)</i> :	

This request applies to the following information:

- Today's Date of Service Only
- From: _____ to _____
- From: _____ Until Further Notice

SIGNATURE OF PATIENT OR PERSONAL REPRESENTATIVE <i>(If Personal Representative, state relationship to patient)</i>	DATE
SIGNATURE OF WITNESS <i>(If signature of patient is a thumbprint mark)</i>	DATE

FOR OCHF USE ONLY

- Request Approved Denied
- If denied, reason *(check one)*:
 - Request is not reasonable to accommodate Alternate address or contact not provided
 - Failure to provide information on how payment will be made (if applicable)
 - Other *(please explain)*: _____