

**Request For Alternative Communication**

**PATIENT PLEASE NOTE: YOU MUST TELL US THE ALTERNATIVE MEANS OR LOCATION YOU WANT US TO USE AND EXPLAIN TO OUR SATISFACTION HOW PAYMENT TO US WILL BE MADE IF WE COMMUNICATE WITH YOU AS YOU REQUEST. YOUR REQUEST NEEDS TO BE LEGIBLE, PRECISE AND COMPLETE OR IT MAY BE DENIED.**

Patient Name: \_\_\_\_\_ (Please print)

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

**Alternative Communication Request**

Please tell us the way you would like us to communicate with you, and/or the address you would like us to use. If you do not make your request **legible, precise, reasonable** and **complete**, your request will be denied.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Payment Information**

Your request may affect our normal billing and payment procedure. Please explain to our satisfaction how payment to us will be made if we communicate with you as you request.

\_\_\_\_\_  
\_\_\_\_\_

*Caution: there is some level of risk that third parties might be able to read unencrypted emails.*

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

For Legal Guardian or Personal Representative of the Patient

\_\_\_\_\_  
Signature of Legal Guardian or Personal Representative of Patient

Date: \_\_\_\_\_

Print Name of Legal Guardian or Personal Representative of Patient:

\_\_\_\_\_

Relationship to the Patient: \_\_\_\_\_