Southwestern District Health Unit

227 16th Street West
Dickinson, ND 58601-4675
Phone (701)483-0171 or 1-800-697-3145 Fax (701) 483-4097

REQUEST FOR CONFIDENTIAL COMMUNICATION OF PROTECTED HEALTH INFORMATION

1. Client Name: _____
2. Client birth date: _____
3. Client address: _____
4. Describe the information you want communicated by alternate means (e.g. lab test results, physician notes) _____
   _____
5. Date(s) of information to be communicated by alternate means (e.g. date of office visit, treatment, or other healthcare services) _____
   _____
6. CONFIDENTIAL COMMUNICATION INFORMATION:

   Alternate Address: _____

   Alternate Phone Number: _____

   Arrangements for Payment: _____

Southwestern District Health Unit may refuse to accommodate a request if the client has not provided information as to how payment, if applicable, will be handled, or if the client has not specified an alternative address or method of contact.

_____ _____
Signature of Client or Legal Representative Date

FOR HEALTHCARE ORGANIZATION ONLY

Request for Confidential Communication has been: ___Agreed to ___Not Agreed to

Staff Comments: _____
_____

Signature of staff person _____ Date _____
Print Name and title: _____

Termination of Request for Confidential Communication of Health Information

I wish to terminate my request for confidential communication.

_____ _____
Signature of Client or Legal Representative Date

Effective 4/2003; Updated 6/2016