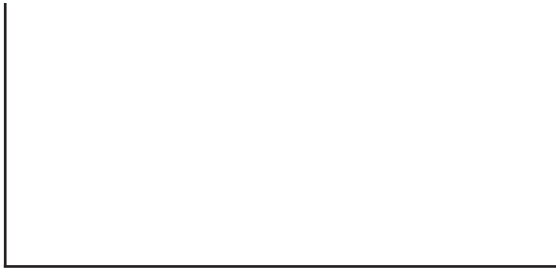




**REQUEST FOR  
CONFIDENTIAL COMMUNICATIONS**



I, \_\_\_\_\_, request St. John Providence to send and/or make all communications to me of my protected health information (PHI) as follows:

\_\_\_\_\_ Fax to the following number: \_\_\_\_\_

\_\_\_\_\_ Mail to the following address: \_\_\_\_\_

\_\_\_\_\_ Electronically communicate with me at the following e-mail address: \_\_\_\_\_

\_\_\_\_\_ Contact me by phone at: \_\_\_\_\_

\_\_\_\_\_ Other (please specify): \_\_\_\_\_

I understand that St. John Providence may condition the use of such alternative means or locations of communications on receipt of information as to how communications regarding payment for my health care services will be handled, and on receipt of specific information regarding an alternative address or method of contact. St. John Providence will agree to all reasonable requests.

**For Office Use Only:**

Patient's Request for Confidential Communications is:

Granted.

Not Granted: (must provide explanation below).

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Dept.)

\_\_\_\_\_  
(Date)

**REQUEST FOR  
CONFIDENTIAL COMMUNICATIONS**



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