

**Gayle Robbins, Ph.D.**

1160 S. Milledge Avenue  
Suite 240  
Athens, GA 30605

706.850.9640

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**Request for Confidential Handling of Health Information**

The HIPPA privacy rule gives individuals the right to request a restriction on uses and disclosures of Protected Health Information (PHI). The individual is also provided the right to request confidential communications regarding PHI be made by all alternative means, such as sending correspondence to an individual instead of their home.

I, \_\_\_\_\_ request that Gayle Robbins, PhD handle my confidential health information in the following way (reasonable requests for you to receive communication of your health information by alternative means will be considered).

I wish to be contacted in the following manner (check all that apply):

- Cell Phone \_\_\_\_\_
  - O.K. to leave message with detailed information
  - Leave message with call back number only
  - Other \_\_\_\_\_
  
- Home Telephone \_\_\_\_\_
  - O.K. to leave message with detailed information
  - Leave message with call back number only
  - Other \_\_\_\_\_
  
- Work Telephone \_\_\_\_\_
  - O.K. to leave message with detailed information
  - Leave message with call back number only
  - Other \_\_\_\_\_

*In case of an emergency or if I am unavailable at the time you are attempting to reach me, Dr. Robbins may contact the following individual:*

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone (cell): \_\_\_\_\_ (home): \_\_\_\_\_ (work): \_\_\_\_\_

- O.K. to leave message with detailed information
- Leave message with call back number only
- Other \_\_\_\_\_

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