

**CONFIDENTIAL - This Form Contains Protected Health Information
Balance Counseling and Wellness**

Confidential Communication Request

Your Rights

1. You have the to request confidential communications of your Protected Health Information (PHI) from Balance Counseling and Wellness. For example you may ask us to send mail only to a specific address or call you at a certain telephone number.
2. You must make your request in writing.
3. You do not have to tell us why you make this request.
4. We will agree to all reasonable requests.

About this Form

1. Please use this form to make your written request for confidential communications of your PHI. You may also use this form to request a change in a method of confidential communications we agreed to previously. must use this form to make your request for access to inspect or get a copy of your PHI.
2. We will explain and help you fill out this form if you wish.
3. You may also fill out this form by yourself and submit it to us. If you have questions when you are filling out this form by yourself please call our Privacy Official at (253) 499-4239 x3 for help.
4. We must be sure of (verify) your identity when you submit this form. If this form is submitted for you by your personal Representative we must be sure of your Personal Representative's identity and authority to act for you.

Date: _____

Your Name: _____

Birth Date: _____ Last 4 Numbers Social Security #

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Street Address _____ Apt # _____

City _____ State _____ Zip _____

Please select:

1. Any method you request we use for communication of your PHI.
2. Any method you do not want us to use for communication of your protected health information.

At the end of the form you may request a special method of communication that is not listed.

U.S. Mail

We will communicate with you by U.S. Mail at your home address unless you mark the box below and request to receive mail at another mailing address.

Do not send U.S. Mail to me at my home address – send mail to the address below

Address for U.S. Mail:

Postcards

You may send postcards (for example, appointment reminders) to me by U.S. Mail

Do Not Send Any Postcards – send mail only in sealed envelopes

Telephones

Home Telephone

Confidential Communication Request

We will call you on the number you provided for your home telephone unless you mark the box below and request we call you at another telephone number.

Do Not Call Me On My Home Telephone

Call me at this telephone number:

Voicemail or Answering Machine

Please Leave

A message with call back number on voicemail or answering machine

Only a call back number on voicemail or answering machine

Do Not Leave a Message on voicemail or answering machine

Telephone - No Voicemail or Answering Machine

A message and call back number with a person answering my telephone

Only a call back number with a person answering my telephone

Do Not Leave a Message if I do not answer my telephone

Work Telephone

Do Not Call Me On My Work Telephone

You may call me on my work telephone

Confirming - my work telephone number is:

I will inform you of a change to my work telephone number

Work Telephone - Voicemail or Answering Machine

Please Leave

A message with call back number on voicemail or answering machine

Only a call back number on voicemail or answering machine

Do Not Leave a Message on voicemail or answering machine

Work Telephone - No Voicemail or Answering machine

Please leave

A message and call back number with a person answering my work telephone

Only a call back number with a person answering my work telephone

Do Not Leave a Message if I do not answer my work telephone

Cell Telephone

Confidential Communication Request

Do Not Call Me On My Cell Telephone

You may call me on my cell telephone

Confirming - my cell telephone number is:

I will inform you of a change to my cell telephone number

Cell Telephone Voicemail

Please leave

A message with call back number on my cell telephone voicemail

Only a call back number on my cell telephone voicemail

Cell Telephone - No Voicemail

Please leave

A Call back number with a person answering my cell telephone

Only a call back number with a person answering my cell telephone

Do Not Leave a Message if I do not answer my cell telephone

Email

You may ask us to communicate with you by regular email which is not secured by a technical process called encryption. That means there may be some level of risk information in the email could be read by someone besides you. If you want us to send your PHI to you by regular email please complete the following:

Yes – Communicate with me by regular (unencrypted) email. My email address is

I will let you know right away if my email address changes

No - Please do not communicate with me by regular (unencrypted) email

Text Messaging

You may ask us to communicate with you by regular text messaging which is not secured by a technical process called encryption. That means there may be some level of risk information in the text message could be read by someone besides you. If you want us to communicate with you by regular text messaging please complete the following:

Yes – Communicate with me by regular (unencrypted) text message. My cell phone number is

I will let you know right away if my cell phone number changes

No - Please do not communicate with me by regular (unencrypted) text message

Other Methods of Communication

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You may ask us to communicate with you by other methods or at other locations. We will agree to a reasonable request. If the method you request involves additional cost (for example, courier or delivery service fees) you must explain how payment will be handled. Our agreement to your request may be conditioned on how payment will be handled.

I request to receive communication of my PHI by the method described in the box below.

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Signature, Individual/ Personal Representative

Name, Personal Representative (if any) _____

Personal Representative's Authority to Act _____

Identity of the Individual verified

Identity and Authority to Act of Personal Representative verified if applicable

Received and confirmed for Balance Counseling and Wellness
by:

Signature	Printed Name and Title

Response of Balance Counseling and Wellness to Confidential Communication Request

Response Date: _____

Name of Person: _____

We agree to the Request or Requests for Confidential Communications

We agree to the Request for Confidential Communications subject to special payment arrangements described below:

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We do not agree to the following Request or Requests for Confidential Communications

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Confirmed for Balance Counseling and Wellness
by:

Signature	Printed Name	Title