



PrivaPlan Template Confidential Channel Communication Request

## Confidential Channel Communication Request

**As required by the Health Insurance Portability and Accountability Act of 1996 you have a right to request that communications concerning your personal health information be made through confidential channels. This practice will do its best to accommodate all reasonable requests.**

Patient's name: \_\_\_\_\_ Patient's date of birth: \_\_\_\_\_

I, \_\_\_\_\_ (print name) hereby request the use of confidential channels for the communication of information related to my child's personal health, treatment or payment for treatment:

Please list below anyone other than the parents that could bring child to appointments. Example ( Aunt, Grandparent, baby sitter, or friend). Please list name and phone numbers.

**Description of special communication methods to be used (Please specify alternate telephone numbers, alternate mailing addresses, etc.):**

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

Relationship to patient \_\_\_\_\_

