COLUMBIA UNIVERSITY
MEDICAL CENTER

HIPAA Compliance
Columbia University Medical Center
601 West 168th Street Apt. #22, 2nd Floor
New York, NY 10032
Tel: (212) 342-0059 Fax: (212) 342-5173
http://www.cumc.columbia.edu/hipaa/

Effective Date: April 14, 2003

Request for Confidential Communications

You may request that we communicate with you at an alternative location (*e.g.*, at work) or by an alternative means (*e.g.*, via e-mail). To do so, you must complete this form and return it to: **Privacy Officer, Columbia University Medical Center, 601 West 168th Street, Apt. 22, New York, N.Y. 10032.** This request applies only to the health care provider office that you indicate below. If you would like to request communications at an alternative location or by an alternative means for another health care provider office, you must complete a separate form for that office. We accommodate only reasonable requests. Your request is not effective until you receive written confirmation from us through the alternative means and/or location that you have requested.

Please provide the following information:

Patient Name: ________________________ Date of Birth: ________________________

Phone number: ________________________

Address: ____

Please specify the health care provider office from which you are requesting confidential communications:

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Please describe the information to which this request applies (*e.g.*, pregnancy test results).

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Please describe how you would like us to communicate with you.

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____________________________________ ____________________________
Signature of patient or personal representative Date

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If personal representative, authority to act on behalf of patient

For Columbia University Medical Center use only:

Grant request Deny request

Action taken: ____

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If patient has requested or agreed to termination, date of termination: ________________

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