

Request to Revoke Confidential Communication



You have the right to revoke a request for Confidential Communications that has been agreed to by AKDHC or PKDHC. By completing this form you are documenting that you would like to revoke a current confidential communication directive that is in place.

Please complete the below information (any section that is left blank may delay our response to your request)

Patient Name (Print): _____ DOB: _____

Phone (home or mobile): _____ Date of Request: _____

I request that AKDHC/PKDHC stop contacting me at the below alternative address and phone with any information regarding my personal health and billing information. The contact information I provided at time of registration can be used for any communications.

Phone: _____

Address: _____

All requests for the revocation of Confidential Communication requests should be documented in writing and directed to the AKDHC/PKDHC Privacy Officer. Completed request forms should be mailed to the Privacy Office using the contact information below or handed to the office staff who will direct the request to the Privacy Office for you.

AKDHC Administration Attn: Privacy Officer
 3333 East Camelback RD Suite 180
 Phoenix, AZ 85018
 Phone: 602-997-0484

 Patient or Legal Representative **Printed** Name

 Patient or Legal Representative **Signature**

 Date

OFFICE USE ONLY:			
Request Received By:		Date:	