

# Patient Request for Confidential Communication



You have the right to ask AKDHC or PKDHC to contact you about your personal health information (PHI) by alternative means or at an alternative location. This type of request is often made when a patient feels that it would endanger their health or safety if their health information is sent directly to their primary home address. Unless a request for Confidential Communication is made, the address and phone information (along with your contact preferences) provided at time of registration will be used to by this organization to contact you with billing, result, appointment, and other healthcare related information.

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 contact me at the below alternative address and phone with any information regarding my personal health and billing information.

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

All requests for the Confidential Communications 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

### Revoking a Confidential Communication Request:

All requests to revoke a Confidential Communication Request must be made in writing. Revocation forms are available on the AKDHC and PKDHC website.

OFFICE USE ONLY:			
Request Received By:		Date:	