

# REQUEST FOR ALTERNATE MEANS OR LOCATION OF COMMUNICATION

## Patient Information:

Patient Name: \_\_\_\_\_ Date of Request:

Address: \_\_\_\_\_ Date of Birth:

## Request for Alternative Communications:

I request Westside Orthopaedics to contact me in/at the following manner:

\_\_\_\_\_ Telephone communication at the following number:

\_\_\_\_\_ Leave a message on answering machine/voice mail at this number

\_\_\_\_\_ Do not leave a message on an answering machine/voice mail at this number

\_\_\_\_\_ Mail to be sent to the following address:

\_\_\_\_\_

I further understand that Westside Orthopaedics may condition its acceptance of these conditions upon how payment for services will be made or upon my providing an alternative address or other method of contact.

\_\_\_\_\_  
Signature of Patient or Legal Representative

\_\_\_\_\_  
Date

## Health Care Provider:

\_\_\_\_\_ Accept request for alternative communication

\_\_\_\_\_ Reject request for alternative communication. State reason for rejection

\_\_\_\_\_  
Staff Processing Request

\_\_\_\_\_  
Date

HIPAA\PRIVACY\forms\req Alternate Communication

**POLICY AND PROCEDURE:** Request for Alternate Means or Location of Communication

**Reason:** To provide a means for a patient to direct where and how communication with him/her occurs

**Date:** 04-14-03

**Revisions:**

**POLICY:** It is the policy of Westside Orthopaedics to allow patients to restrict how communication with them outside the office/hospital will occur.

**PROCEDURE:**

1. Determine for what information the patient wants alternate communication.
2. Review with the patient how and where they wish communication to occur.
3. Have the patient complete the Request for Alternate Means or Location of Communication
4. Inform the patient that the Administrator will make the final decision regarding acceptance of patients wishes. (An adequate means for billing and communication must be made)
5. Inform the patient that this limitation can be revoked at any time they wish by putting the request **in writing**.
6. Put \*\*\*\*\*notes in number 3 \*\*\*\*\*.
7. Write with black magic marker on the front of the chart “RESTRICTED COMMUNICATION”.