



**Request—Confidential Communications
Hillsborough County
Individual's Request for Confidential Communications
of Protected Health Information**

Directions: This form is to be used whenever a person requests to receive communications of protected health information from Hillsborough County by alternative means or at alternative locations. Its contents should be entered into the HIPAA compliance system by your Privacy Liaison.

You have a right to request to receive communications of protected health information (PHI) by alternative means or at alternative locations. Please read this page carefully and sign the access request to confirm that you understand its content.

I would like to receive communications of PHI as follows:

Phone: _____

Address: _____

Additional Comments/Requests: _____

Could the disclosure of all or part of the PHI endanger the patient? Yes No

Desired Effective Date: _____

Hillsborough County must accommodate reasonable requests by patients to receive communications of PHI from Hillsborough County by alternative means or at alternative locations.

If you have any questions, please contact Hillsborough County's Privacy Office at (813) 276-2343.

Identification of individual: _____

Original signature of individual or individual's Personal Representative: _____ Date signed: _____

Printed name of individual or individual's Personal Representative: _____

<p><i>For internal use only:</i> Date Received: _____ Recipient: _____</p>
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