



**Response to Request—Confidential Communications  
Hillsborough County  
Response to Request for  
Confidential Communications of  
Protected Health Information (PHI)**

**Directions:** This form is to be used to inform an individual of Hillsborough County’s response to his or request for confidential communications. Its contents should be entered into the HIPAA compliance system by your Privacy Liaison. The form should also be filed with the patient’s records.

Effective date: \_\_\_\_\_

Expiration date (if applicable): \_\_\_\_\_

Individual’s full name: \_\_\_\_\_

SSN or other patient identifier: \_\_\_\_\_

Per your request of \_\_\_\_\_ (insert date), Hillsborough County will restrict uses and disclosures of PHI in the following manner:

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

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

Additional comments/responses: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

If you have any questions, please contact the Hillsborough County Compliance Officer at (813) 272-5900.

Original signature of Hillsborough County Compliance Officer/Privacy Liaison (and Security Liaison for any incidents involving ePHI):

\_\_\_\_\_

\_\_\_\_\_

Date signed: \_\_\_\_\_