

STARK WOMEN'S CENTER

REQUEST FOR ALTERNATIVE COMMUNICATIONS

- You have the right to request SWC communicate with you about your protected health information by alternative means or at alternative locations. The request must be made in writing by completing this form.
- SWC must comply with your request if it is administratively reasonable for SWC to communicate with you in the manner requested. SWC will notify you in writing within thirty (30) days of receiving your request whether it will abide by your request. SWC may condition your request by requiring information as to how payment will be handled and specification of an alternative address or manner of contact.
- If you have questions regarding your rights or how to complete this form, please contact Privacy Officer at 330-493-0313.

Patient Name: _____ SSN: _____ DOB: _____

Address: _____

Telephone Number(s): Home – _____ Work – _____

Please specify the manner in which you request SWC to communicate with you regarding your protected health information: If I am unavailable or (_____) /relationship to patient: _____ calls, I authorize Stark Women's Center to release any and all pertinent medical and/or financial information to them. Patient's Initials (_____)

Patient Signature (or Representative if patient medically unable to sign)

Date

Representative's Relationship to Patient

Please return this form by hand-delivering it to the Privacy Receptionist, or mailing it to the following address: Stark Women's Center, c/o Privacy Receptionist, 5000 Higbee Avenue NW, Canton, Ohio 44718.

INTERNAL USE ONLY: DATE REQUEST RECEIVED: _____ RECEIVED BY: _____

ACCEPTED BY: _____ DATE ACCEPTED: _____

DENIED BY: _____ DATE DENIED: _____