COPLEY

528 Washington Highway Morrisville, Vermont 05661
Phone 802-888-8350 Fax 802-888-8361

Request for Alternative Communication

Patient Name: _____Birth Date: _____/_____/_____
MM / DD / YR

Address:_____ Telephone #: _____

_____ Email:_____

Please mark all below boxes.

I, _____ am requesting an alternative means of communicating with Copley Hospital's staff.

☐ I understand that I have the right to request that Copley provides communication in regards to all or part of my protected health information (PHI) to an alternative address or by alternative means.

☐ I understand that Copley will accommodate my request if it is reasonable, and I provide the alternative address or means for communicating with me and, if applicable, address how payment will be handled.

☐ I understand that my confidential communication request will be in effect until I change or revoke it.

☐ I understand that communications by alternative means or to the alternative location will occur within five (5) business days of Copley's receipt of this signed document. Any communications prior to this date will be delivered using my existing information.

☐ I understand that this form is valid only for the individual specified above.

This form only applies to communications from Copley Hospital and does not apply to communications I may receive from other clinics.

REQUEST FOR ALTERNATIVE MEANS:

The following is a description of the alternative way I want Copley to communicate with me:

_____

REQUEST FOR ALTERNATIVE LOCATION:

☐ Alternate Address:_____

☐ Alternate e-mail:_____ ☐ Other:_____

☐ Alternate Phone Number :( )-_____-_____

By signing this form, I am confirming that the information above reflects my alternative communication wishes.

_____ Date: _____/_____/_____

Patient/Personal Representative Name (Print)

_____ _____

Signature of Patient/Personal Representative Relationship to Patient:

☐

Office Use Only

Copley has refused this Request due to: This is not a reasonable accommodation

Signature of Copley Staff: _____

Patient/Personal Representative Notified of Decision: ☐Yes ☐No Notified By: ☐ Letter Mailed ☐ Phone Call