THE UNIVERSITY OF MISSISSIPPI MEDICAL CENTER
EDUCATION • RESEARCH • HEALTHCARE

REQUEST FOR CONFIDENTIAL COMMUNICATION

(BY ALTERNATIVE MEANS OR LOCATION)

Notice to Patient: This request is to allow confidential communication of protected health information (PHI) from the University of Mississippi Medical Center (UMMC) by an alternative means and/or location. PHI communicated by an alternative means and/or location is only applicable to PHI maintained by UMMC. This request includes confidential communication of PHI outside of *MyChart* related to non- medical information.

Patient Name | Date of Birth | SSN

Address | City | State | Zip

Please check below the PHI requested to be communicated by an alternative means and/or location:

- ❑ Billing Statements
- ❑ Appointment Reminders
- ❑ Other (Please specify): _____
- ❑ Prescription Refill Reminders
- ❑ Pre or Post Treatment/Procedure Calls

Please check below the alternative means/or location PHI should be communicated:

- ❑ Phone Number _____
- ❑ Mailing Address _____ _____
- ❑ Email _____
- ❑ Other (Please specify): _____ _____

Please Read

I understand that this request is for an alternative method of receiving communication from UMMC. I understand that UMMC can only accommodate reasonable requests and that all requests are handled on a case by case basis. I understand that UMMC may condition my request for which payment related communication does not have a specified alternative address or other method of contact. I do not hold UMMC liable for any potential endangerment as a result of this request.

I understand that this request must be completed entirely and submitted to the UMMC Office of Integrity and Compliance at 2500 North State Street, Jackson, MS, 39216. *If the specified alternative means of communication is accepted, this method of communication will expire **12 months** from the date of signature or shall remain in effect for the period listed below:*

***Expiration date/event**:* _____

Printed Name of Patient/Representative | Date

Signature of Patient/Representative

For completion by UMMC:

Request received and reviewed on _____ by _____.

☐ Accepted. ☐ Denied. Cannot reasonably accommodate request.

Comments:_____