



Patient Request for Confidential Communications of Protected Health Information

The Health Insurance Portability Act of 1996 (“HIPAA”) provides you the right to request that NYU Langone Medical Center (“Medical Center”) communicate with you about your health information at an alternative address or phone number, or by an alternative means (for example, by email) that is more confidential for you. The Medical Center must accommodate your request if it is reasonable. The Medical Center may require you to specify an alternative address or other method of contact before providing the requested accommodation. If your request is accepted, the Medical Center will make every attempt to communicate with you in the manner you have requested. Your election will remain in effect until you have instructed us in writing to change the manner of communication.

To request confidential communications, please complete the form below and send to: Privacy Officer, NYU Langone Medical Center, One Park Avenue, 3rd Floor, New York, NY 10016.

Patient Name (print) _____

Patient Address: _____

Phone Number: _____ Email: _____

Describe the alternative means of communication you are requesting:

I am requesting that NYU Langone Medical Center communicate with me by an alternative means or at an alternative address or phone number that is more confidential for me. I understand that the Medical Center will not accommodate unreasonable requests. The Medical Center will notify me within thirty (30) days of its decision.

Signature: _____ **Date:** _____ **Time:** _____ **AM/PM**
(Patient or person authorized to sign)
If the consenting party is other than the patient, print name and relation to patient:

Office Use: Received: ___/___/___ Completed: ___/___/___ Initials: _____