

**Confidential Channel Communication Record**  
**Orange County Heart Institute and Research Center**  
1140 W La Veta, Suite 640  
Orange, CA 92868 (714) 564-3300 [www.ocheart.org](http://www.ocheart.org)

**>> Please complete this form and bring to your appointment**

***As required by the Health information Portability and Accountability Act of 1996, you have a right to request that communications concerning personal health information be made through confidential channels. This medical practice will not ask you why you are making your request, and will make reasonable efforts to accommodate all reasonable requests. Some method of contract must be provided, and as appropriate, information as to how payment will be handled.***

I, \_\_\_\_\_ (print name) hereby request the use of the following confidential channels for the communication of information related to my personal health, treatment or payment for treatment. ***This request supercedes any prior request for confidential channel communication I may have made.***

***Please select all that apply. Where you list more than one communication option, please indicate which you prefer.***

**Phone**

I want you to contact me at the following address: \_\_\_\_\_

Do            Do Not            Leave messages on my answering machine.  
Do            Do Not            Leave messages with any other person.

**Mail**

I want you to contact me at the following Address: \_\_\_\_\_

**E-Mail**

I want you to contact me at the following E-Mail address: \_\_\_\_\_

**FAX**

I want you to contact me at the following Fax number: \_\_\_\_/\_\_\_\_/\_\_\_\_

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Check here if you agree to pay for the costs associated with your request for an alternate communication channel.

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

***(If not signed by the patient, please indicate)***

- Parent or guardian
- Guardian or conservator of an incompetent patient
- Beneficiary or personal representative of deceased patient

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***For Office Use Only: Date Granted: \_\_\_\_\_ Date terminated \_\_\_\_\_***