

Request for Confidential Communication of Protected Health Information



Patients have the right to request that Texas Children's communicate their protected health information by an alternative means or to an alternative location ("confidential communication"). All requests to Texas Children's for confidential communication must be in writing and include the information documented on this form. Texas Children's will review each request but reserves the right to refuse the request as established by federal law.

Part 1: Patient Information Name: _____ Date of birth (MM/DD/YYYY): _____

Address: _____ Phone: _____

City: _____ State: _____ ZIP: _____

Part 2: Select the confidential communication means being requested:

Alternate address:

Address: _____

City: _____ State: _____ ZIP: _____

Alternate phone number:

Phone: _____

Other:

Please provide all relevant information here: _____

Part 3: Describe the information that should be communicated in the means identified above:

I wish to receive confidential communication of protected health information by Texas Children's as described above.

Signature: _____ Date: _____

Printed name: _____ Relationship to patient: _____

Mail or fax completed forms to:
Compliance Services and Privacy Office
Texas Children's
2450 Holcombe Blvd, Suite 31G
Houston, TX 77021
Phone: (832)824-2085 Fax: (832)825-2167