

The University of Iowa
Privacy Rule
**Request for Confidential Communications Regarding Medical
Information**

I wish to request that the communication about my health and medical care, which contains Protected Health Information, be communicated to me in the following manner: (check one):

_____ By telephone at my home number

_____ By telephone at another number

_____ By FAX at a number provided

_____ By mail at an address other than the one on the record

Please provide the information we will need to send the information to you at your preferred location (complete address, phone number, etc.): _____

The University will not ask you the reason for your request and will accommodate all reasonable requests.

If you cannot be reached at the designated alternative location you specify, the University may use other means to contact you.

When you have completed this form, please give it to your health care provider or send it to: HIPAA Privacy Offices, C-43 GH, University of Iowa, Iowa City, Iowa 52242.

Signature

Date

Staff member

Title