HIPAA Privacy Office
Babbitt Administration
Building 51 Room 100
928-523-6347
PO Box 4116
Flagstaff, AZ 86011-4116

NORTHERN ARIZONA UNIVERSITY

REQUEST FOR CONFIDENTIAL COMMUNICATION OF PROTECTED HEALTH INFORMATION

I, , request communication of my Protected Health Information (PHI) by NAU by alternative means or at alternate locations. I understand that this request applies only to communications from this clinic or department to the patient and communications that would be sent to the named insurance or an insurance policy that covers the patient as a dependent of the named insured.

Please indicate the methods and/or locations by or at which we may contact you.

Telephone: ( )

Mailing Address:

Other:

Description of communications to be restricted:

NOTE: This request will remain in effect until you notify us of a change.

Signature: Date:

Printed Name:

Relationship to Patient:

Patients Date of Birth: