

CONFIDENTIAL CHANNEL COMMUNICATION REQUEST FORM

Nephrology Associates of Syracuse, PC
1304 Buckley Road, Syracuse, NY 13212
Phone: (315) 478-3311 Fax: (315) 476-5211
Anne E. Zaccheo, Corporate Compliance Officer

As required by the Health Information Portability and Accountability Act of 1996, you have a right to request that communications concerning your personal health information be made through confidential channels. Nephrology Associates of Syracuse, PC will not ask you why you are making your request, and will make reasonable efforts to accommodate all requests. Some method of contact must be provided as to allow us to communicate with you.

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

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

- Home Phone
- Cell Phone

I want you to contact me by telephone at: _____

- 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:

Signed: _____ Date: _____

Print Name: _____

If not signed by the patient, please indicate relationship:

- Guardian or conservator of an incompetent patient
- Other (specify) _____



Date Granted: _____

Date Terminated or Modified: _____

Updated 12/31/13; 6/14/16