



**REQUEST FOR SPECIFIED
METHOD OF COMMUNICATION**

ACCOUNT NO.
MED. REC. NO.
NAME
BIRTHDATE

SECTION A: Individual to complete the following information. (Please print)

NAME _____
Last First Middle

ADDRESS _____

TELEPHONE NO. _____ BIRTH DATE _____

MEDICAL RECORD NO. _____

REQUEST:

I hereby request that communications containing my health information from

_____ (Please specify OHSU service area and/or department)

be communicated in the following manner:

- At a telephone number other than my home number.
Preferred telephone number is: _____
- At a mailing address other than my home mailing address. Preferred mailing address is: _____
- Via email. My email address is: _____
(If email is selected, the individual will need to have an OHSU email communication agreement on file.)
- Other. Please specify: _____

If the specified method of communication is accepted, this method of communication will expire 180 days from the date of signing or shall remain in effect for the period listed below:

Expiration date/event: _____

I understand that OHSU can only accommodate reasonable requests and may condition its accommodation upon the following:

- a. information from me as to how payment of the costs of the accommodation will be handled; and
- b. the specification of an alternative address or other method of contact.

I understand that this request is for an alternative manner or method of receiving communications from the service area(s) or department(s) specified above. I also understand that this request does not include communications from other service areas and departments of OHSU.

Date: _____

Signature of Patient or Legal Representative _____

Printed Name of Legal Representative (If applicable) _____

SECTION B: OHSU to complete the following.

The above request to provide communications to the individual via an alternative manner and method has been reviewed and has been:

Accepted Denied (*OHSU cannot reasonably accommodate request*)

Comments: _____

Signature of Staff Member _____

Print Name and Title _____

Department / Area _____

