

# SAN FRANCISCO HEALTH SERVICE SYSTEM

## REQUEST FOR CONFIDENTIAL COMMUNICATIONS

You have the right to request that we communicate with you about your personal health matters in a particular way or at a particular location. For example, you can request that we only contact you at work or at a friend's house.

To request confidential communications, you must make your request in writing by filling out this form and submitting it to Marina Coleridge, Privacy Officer, San Francisco Health Service System, 1145 Market Street, 3<sup>rd</sup> Floor, San Francisco, CA 94103.

**We require that your request contain a statement that the disclosure of all or part of the protected health information for which you are requesting a restriction could potentially harm you if disclosed.**

We will accommodate all reasonable requests. However, we may condition granting your request on receiving appropriate information regarding payment, as well as you specifying how or where you would like us to contact you.

I request the following alternative methods for communications to me by the San Francisco Health Service System:

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\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
BIRTH DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

# SAN FRANCISCO HEALTH SERVICE SYSTEM

## REQUEST FOR CONFIDENTIAL COMMUNICATIONS

For further information please contact:  
Marina Coleridge, Privacy Officer  
San Francisco Health Service System  
1145 Market Street, 3<sup>rd</sup> Floor  
San Francisco, CA 94103

See our Notice of Privacy Practices available online at [sfhss.org](http://sfhss.org). A printed copy is also available upon request from the San Francisco Health Service System.

### For HSS Use Only:

Date received: \_\_\_\_\_  Accepted  Denied

If denied, check reason for denial:

- Lack of payment information
- Lack of alternative address or method of contact
- Lack of certification that disclosure will endanger individual

Date and method of informing individual of decision:

Advised TPA of alternative communication:

Comments: \_\_\_\_\_

\_\_\_\_\_  
Staff Member Signature

\_\_\_\_\_  
Date