

**SAN FRANCISCO
HEALTH SERVICE SYSTEM**

Affordable, Quality Benefits & Well-Being

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, City & County of San Francisco, Health Service System, 1145 Market Street, 3rd 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 Health Service System:

PRINT NAME

SOCIAL SECURITY NUMBER

BIRTH DATE

SIGNATURE

DATE

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For further information, please contact or consult:
Marina Coleridge, Privacy Officer
City & County of San Francisco
Health Service System
1145 Market Street, 3rd Floor
San Francisco, CA 94103

See our Notice of Privacy Practices available online at myhss.org. A printed copy is also available upon request from the Health Service System.

For HSS 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 original decision:

Advised TPA of alternative communication:

Comments: _____

Staff Member Signature

Date