

PATIENT CONFIDENTIAL COMMUNICATION REQUEST FORM

45 CFR §164.522

This form allows patients or their personal representatives to request confidential communications by asking Baylor Genetics to contact them using an alternative means or location when communicating protected health information (PHI). Please submit the completed form to the address below or compliance@baylorgenetics.com.

Attn: Baylor Genetics Compliance
 2450 Holcombe Blvd.
 Suite 2210
 Houston, TX 77021

PATIENT INFORMATION

____ / ____ / ____ Requested Date (MM/DD/YYYY)	Patient's Full Name		
____ / ____ / ____ Birth Date (MM/DD/YYYY)	Phone Number	Fax Number	
Address	City	State	Zip
Email Address			

PATIENT REQUEST FOR ALTERNATIVE MEANS OR LOCATION OF COMMUNICATION OF PHI

Please indicate the methods or locations where Baylor Genetics may contact your or provide you with other written communication.

Phone _____
 Email _____
 Address _____
Address
City
State
Zip

Additional Instructions

Note: This request will remain in effect until you notify Baylor Genetics in writing at the address above, requesting a change.

SIGNATURES

Patient's Signature	____ / ____ / ____ Date Signed (MM/DD/YYYY)	Patient's Personal Representative* Signature	____ / ____ / ____ Date Signed (MM/DD/YYYY)
Printed Name		Relationship to Patient	

FOR INTERNAL USE ONLY

____ / ____ / ____ Date Received by Compliance	Request Processed by	Comments
<input type="radio"/> Accepted An amendment will be made to the appropriate information and provided to the person(s) listed in Disclosure of Amendment to Others		<div style="border: 1px solid black; height: 60px; width: 100%;"></div>
<input type="radio"/> Denied Reason for denial: _____		
____ / ____ / ____ Date Response Sent to Individual/Patient (MM/DD/YYYY)		

**Attach documentation demonstrating authority to act on behalf of the patient, if applicable (e.g., a valid power of attorney letter, court order, guardianship papers, etc.).*