BAYLOR GENETICS

ATTN: COMPLIANCE DEPARTMENT
2450 HOLCOMBE BLVD.
SUITE 2210
HOUSTON, TX 77021-2024

PHONE
1.800.411.4363
FAX
1.800.434.9850

Patient Confidential Communication Request Form

45 CFR §164.522

Patients or their personal representative can complete this form to request Baylor Genetics (BG) contact them using an alternative means of communication (e.g., alternate email, phone number, etc.) or send information containing PHI to an alternate address. Please complete and submit this form to the address or fax number above.

PATIENT INFORMATION

Request 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 BG may contact your or provide you with other written communication:

☐ _____ Telephone Number

☐ _____ Email

☐ _____ Address

☐ _____ Other

Additional Instructions

SIGNATURES

Patient's Signature _____

Date Signed (MM/DD/YYYY) ____ / ____ / _____

Patient's Personal Representative** Signature _____

Date Signed (MM/DD/YYYY) ____ / ____ / _____

Personal Representative Printed Name _____

Relationship to Patient _____

**Attach documents demonstrating your authority to act on behalf of the patient if you are not the parent. (e.g., A valid power of attorney letter, court order; guardianship papers).

STOP – DO NOT ENTER ANYTHING AFTER THIS LINE

FOR BAYLOR GENETICS USE ONLY

Date Received by Compliance ____ / ____ / _____

Who Processed Request _____

◯ Accepted — An amendment will be made to the appropriate information and provided to the persons listed above.

◯ Denied — Reason for denial is specified below

Comments

Date Response Sent to Individual/Patient (MM/DD/YYYY) ____ / ____ / _____