



Request to Restrict Manner and/or Method of Confidential Communications

SECTION A: Individual to complete the following information.

Date: _____ Phone Number: _____

Name: _____ Date of Birth: _____

Address: _____

REQUEST

I hereby request to receive confidential communications from The Arc of Anchorage regarding my health care, treatment, services, and/or payment in the following alternative manner & method **(check all that apply)**:

- At a telephone number other than my home number.
Telephone number is: _____
- At a mailing address other than my home mailing address. Mailing address is:

- Via email. My email address is: _____
- Other. Please specify: _____

I understand that, if The Arc of Anchorage agrees to provide me with confidential communications regarding my health care via the above-identified alternative manner and/or method, The Arc of Anchorage may condition their agreement upon the following:

- a. The receipt of information from me as to how payment for The Arc of Anchorage services will be handled; and
- b. The specification of an alternative address or other method of contact.

Signature of individual or legal representative _____

Printed name of legal representative _____ **Date** _____

Relationship to individual _____



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SECTION B: The Arc of Anchorage to complete the following.

The above request to provide confidential communications to the patient via alternative manner and/or method has been reviewed by The Arc of Anchorage and has been:

- Accepted
- Denied (The Arc of Anchorage cannot reasonably accommodate the request)

Comments: _____

Staff Name _____ **Title** _____

Signature _____ **Date** _____