

WOMEN'S HEALTH OF SOUTHWEST LOUISIANA, L.L.C.
ALICE BABST-PRESTIA, APMC
ANNE B. GRIEPSMA, APRN, FNP-C

CONFIDENTIAL CHANNEL COMMUNICATION REQUEST

As required by the Health Information Portability and Accountability Act (HIPAA) of 1996, you have a right to request that communications concerning your personal health information be made through confidential channels.

I hereby request the use of the following confidential channels for the communication of information related to my personal health, treatment or payment for treatment. This request supersedes any prior request for confidential channel communications I may have made.

1- May we discuss your Personal Health Information with anyone else? Please answer yes or no. (You must fill in the name and phone number if yes.)

Spouse _____

Parent _____

Child or Children _____

Other _____

2- May we leave a detailed verbal message or send written correspondence? Please answer yes or no. (You must fill in phone number or address if yes.)

_____ Home Number _____ Work Number _____ Cell Phone _____ Fax _____ Home Mailing Address

Home Mailing Address/Phone: _____

Billing Mailing Address/Phone: _____

Other Mailing Address/Phone: _____

If No, we will leave message with our call back number only.

Patient or Responsible Person's Signature

Date

**ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF OUR HEALTH INFORMATION PRACTICES,
FINANCIAL POLICY AGREEMENT, AND
SOCIAL MEDIA AND COMMUNICATION POLICIES / CONSENT TO RELEASE INFORMATION**

I acknowledge that the following documents have been made available to me:

- Notice of our Health Information Practices
- Financial Policy Agreement
- Notice of Social Media & Personal Communication Policies and Practices

I understand the provisions therein and consent to release information, according to the above policies/practices. I also agree to pay for any/all charges not paid for by my insurance or Medicare.

PATIENT NAME (PRINTED)

DATE

RESPONSIBLE PARTY (PRINTED)

PATIENT/RESPONSIBLE PARTY SIGNATURE

RELATIONSHIP TO PATIENT

WITNESS / DATE