



Patient/Client Request for Confidential Communications of Protected Health Information

The Health Insurance Portability Act of 1996 (“HIPAA”) provides you the right to request that Cornell Health communicate with you about your health information at an alternative address or phone number, or by an alternative means (for example, by email) that is more confidential for you. HIPAA requires us to accommodate your request if it is reasonable. Cornell Health may require you to specify an alternative address or other method of contact before providing the requested accommodation. If your request is accepted, we will make every attempt to communicate with you in the manner you have requested. Your election will remain in effect until you have instructed us in writing to change the manner of communication.

To request confidential communications, please complete the form below and send to:
Privacy Officer, Cornell Health, 110 Ho Plaza, Ithaca, NY 14853-3101

1. Patient/client information (print clearly):

Name _____ Date of birth (mm/dd/yyyy) _____
Email address _____ Phone number _____
Mailing address _____

2. Please describe the alternative means of communication you are requesting:

3. I am requesting that Cornell Health communicate with me by an alternative means or at an alternative address or phone number (described above) that is more confidential for me. I understand that Cornell Health will not accommodate unreasonable requests. Cornell Health will notify me within thirty (30) days of its decision.

Signature _____ Date _____ Time _____
patient/client or person authorized to sign mm/dd/yyyy a.m. / p.m.

* If the consenting party is other than the patient/client, print name and relationship to patient/client:

CORNELL HEALTH
USE ONLY

Received: ____/____/____ Completed: ____/____/____ Initials: _____

***Please send this request to Health Records when complete. This request must be maintained in the patient’s health record.**