

Cornell Health

The Ceriale Center for Cornell Health 110 Ho Plaza Ithaca, New York 14853-3101 t. 607.255.5155 f. 607.255.0269 health.cornell.edu

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 (m	nm/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 I or phone number (described above) that is more confidenti	-		
	accommodate unreasonable requests. Cornell Health will n			
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	Signature	Date	IIIIIe _	
	Signature	Date		

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