

Stanford University Occupational Health Center (SUOHC) considers your medical and billing information to be confidential. You have the right to request that we communicate with you about medical and billing matters by an alternative method or at an alternative location. The Occupational Health Center will review all requests and accept those that we can reasonably accommodate. We will not ask you the reason for your request, but we may ask questions regarding how payment will be handled. Your request will be in effect until you change or rescind it by submitting a new copy of this form.

Employee Name	Date of Request
Address	Phone Number
This is a: <input type="checkbox"/> New Request <input type="checkbox"/> Change to Prior Request <input type="checkbox"/> Withdrawal of Prior Request	
<p>I request that the Stanford University Occupational Health Center accommodate the following request for confidential communications:</p> <p>Communication type for which confidential treatment is requested: _____</p> <p><input type="checkbox"/> Delivery Address – Use: _____</p> <p><input type="checkbox"/> Telephone – Use: _____</p> <p><input type="checkbox"/> Other (Specify; continue on back of page if necessary): _____</p> <p>_____</p>	

The Occupational Health Center of Stanford University will update its information systems and/or files for your Medical Record using the information you have provided. Please note, this request will not be communicated to anyone outside of the SUOHC, Stanford Hospital and Clinics, your insurance company, health plan, employer, other Stanford departments, or community physicians treating you.

Signature: _____ Date: _____
(Employee/Parent/Personal Representative)

If other than the research subject, indicate:

Name (print): _____ Phone: _____
Relationship: _____

<u>Internal Use Only</u> (to be completed by SUOHC Privacy Officer)	
Received and Reviewed by (print): _____	Date: _____
Request: <input type="checkbox"/> Approved <input type="checkbox"/> Denied (Notify Requestor)	
Reason for denial: _____	
If not approved, has the subject been informed of denial and reasons for it? <input type="checkbox"/> Yes <input type="checkbox"/> No _____	
Date	

* Please submit form to SUOHC