Request for Confidential Communications

Effective date of this notice: 10/01/2020

Individual Name: _____
Individual Address _____
Date of Birth: _____
SSN: _____
Specimen Identification No: _____

Please consider this a request for the exercise of my rights under federal and state laws to request confidential communications of my Personal Information.

Describe the Personal Information you would like subject to alternative communication

Check all that apply to this request

Phone:

- ☐ Please do not contact me by phone.
- ☐ Please do not phone me at home. Use this alternate phone number to contact me: _____
- ☐ Please do not phone me at work. Use this alternate phone number to contact me: _____
- ☐ Please do not leave message on any answering machine or voicemail.

Text:

- ☐ Please do not text me.
- ☐ Please only text me at this number: _____

Mail:

- ☐ Please send my mail to this alternate address: _____

I understand that the provider to whom I am making this request will make reasonable efforts to accommodate this request. I understand that I must provide an alternate address to receive bills and statements, if applicable. I further understand that in some emergency situation, my personal information may be released.

Signature: _____ **Date:** _____

To Safeguard your privacy and help make sure no one else is requesting access to your information, this request must be notarized. (Notary Services can often be provided free of charge where you bank.)

_____ **My Commission Expires:** _____

NOTARY PUBLIC

In and for the County of: _____
State of: _____
Printed Name: _____

Please Mail Form to:
Clinical Reference Laboratory, Inc. Attn: Privacy Officer, 8433 Quivira Road Lenexa, KS 66215
or Fax to: 855.691.4001