



Rady Children's Hospital – San Diego  
3020 Children's Way  
San Diego, CA. 92123



PATIENT INFORMATION

Name: \_\_\_\_\_  
MR#: \_\_\_\_\_ Finance: \_\_\_\_\_  
DOB: \_\_\_\_\_  
MD: \_\_\_\_\_

### Request For Alternative Manner / Method of Confidential Communications

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(LAST) (FIRST) (M.I.)

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
(OPTIONAL)

You may request to receive confidential communications of PHI by alternative means or at alternative addresses. For example, you may not want your appointment notices or your bill to go to your home where a family member might see it. We may not ask you the reason for your request. We will accommodate all reasonable requests.

If you make a special request, you must give us an alternative address or other method of contacting you. Please select one of the following options:

- Fax Number (work): \_\_\_\_\_
- Fax Number (home): \_\_\_\_\_
- Alternate Telephone Number: \_\_\_\_\_
- Alternate Address: \_\_\_\_\_

Date: \_\_\_\_\_  
Signature of Patient or Legal Representative

If Legal Representative, state relationship: \_\_\_\_\_

For more information about your privacy rights, see the "Notice of Privacy Practices" available on our website at [www.chsd.org](http://www.chsd.org) or contact the HIPAA Compliance Department at Rady Children's Hospital of San Diego or by sending a written request to Rady Children's Hospital of San Diego, HIPAA Privacy Officer, 3020 Children's Way, Mail Code 5049, San Diego, CA 92123.

If you believe your privacy rights have been violated, you may file a complaint with Rady Children's Hospital of San Diego or with the Secretary of the Department of Health and Human Services. To file a complaint with Rady Children's Hospital of San Diego contact the HIPAA Privacy Officer at 858-576-1700, extension 2827. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**