Taylor Health and Wellness Center
Southwest Missouri State University
901 S. National Avenue, Springfield, MO 65804-0094
Phone: (417) 836-4000 Fax: (417) 836-4133 http://health.smsu.edu

COMMUNICATION ACCOMMODATION REQUEST FORM
FOR PROTECTED HEALTH INFORMATION

Instructions: Sections 1-3 must be completed. Please print all information except for signatures.

Section1: **PATIENT IDENTIFICATION** Print Name:_____
Street Address, City, State & Zip Code:_____
Patient's Social Security Number:_____ Date of Birth:_____

Section 2: **RIGHT TO ACCESS**

I understand I have the right to request to receive communications of protected health information (PHI) from Taylor Health and Wellness Center by alternative means or at an alternative location. I understand that Taylor Health and Wellness Center will make every reasonable effort to accommodate this request.

Pursuant to that right, I hereby request Taylor Health and Wellness Center to restrict use and disclosure of my PHI in carrying out treatment, payment and operations as follows:

_____
_____

Pursuant to that right, I hereby request Taylor Health and Wellness Center to restrict the use and disclosure of information so that Taylor Health and Wellness Center shall not disclose information to:

_____
_____

Pursuant to that right, I hereby request that communication regarding PHI is provided to me, other than verbally and in person to me, be provided by sending the material to: _____
_____ or in the following alternative manner:_____
_____

Section 3: **RIGHT OF DENIAL**

I understand Taylor Health and Wellness Center has the right to deny my request for communication accommodation to the extent allowed by law.

_____ _____
Signature of Patient Date
(If under 18 years of age-Parent, Legal Guardian, or Legal Representative)

If you are not the person listed in Section 1, you must describe your relationship to the person in Section 1:_____

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Section 4: **RESPONSE TO REQUEST** Date Received:_____ Initials:_____

Communication Accommodation has been:

- ☐ ACCEPTED — Communication Accommodation shall be followed unless Taylor Health and Wellness Center notifies you otherwise or except in an emergency situation.
- ☐ ACCEPTED — Communication Accommodation request to communicate with you by alternative means or at an alternative location is accepted.
- ☐ DENIED — Your request to place additional restrictions on uses and disclosures of PHI for treatment, payment, and operations is denied.
- ☐ DENIED — Your request for Communication Accommodation by alternative means or at an alternative location has been denied since Taylor Health and Wellness Center cannot reasonably accommodate your request.

_____ _____
Signature of Privacy Officer Date

A copy of this form will be filed in the above-named patient's PHI.