Request for Confidential Handling of Protected Health Information (PHI)

Patient Name:_____
Last First MI Maiden or Other Name

Date of Birth:____-_____-_____ Medical Record #:_____ Phone: _____

Address:_____ City: _____ST: _____Zip:_____

Facility Visited: _____ Approximate date: _____

I request confidential handling of communications to me regarding my PHI:

- ❑ For all health information
- ❑ Only for health information related to a particular illness or injury _____
- ❑ For a specified time period: From _____ To _____
- ❑ For billing matters only.

Communication of PHI to me should be handled in the following way:

- ❑ Mailed to an alternative address:_____
- * ❑ Via Email only:_____*For security of your records, all emails are sent encrypted.

Unencrypted email disclaimer:

- ❑ I understand that records sent through unencrypted email poses a security risk but it is my requested method of receipt. _____(Please initial)
- ❑ To an alternative telephone number:_____
- ❑ Other (please specify):_____

I understand that Concentra has the right to deny my request if it would be difficult to administer. I agree if this request impacts how payment is made for health care services provided to me, I will guarantee payment of these services by paying in full at the time of the request. Confidential handling can not apply to workers' compensation.

_____ _____ OR _____ _____
SIGNATURE OF PATIENT DATE PARENT/LEGAL GUARDIAN/AUTHORIZED PERSON DATE

_____
RELATIONSHIP TO PATIENT

You may submit this form:

- In person: to the nearest Concentra medical center
- By mail: Concentra Privacy Office
  5080 Spectrum DR, Ste 1200 West, Addison, TX 75001
  ATTN: Privacy Office
- By fax: 214-775-4408
- By email: PrivacyOffice@concentra.com

FOR INTERNAL USE ONLY

Complete the section below then

Email this request to PrivacyOffice@Concentra.com or fax to 214-775-4408

Notice of Decision

Confidential Handling: ❑ Completed ❑ Denied

If denied, reason for denial is:
- ❑ Concentra is unable to administer the request
- ❑ Other_____

_____ _____ _____ _____
Staff member who processed request Title Phone Date sent to Privacy Office

_____ _____
Facility Name Location Number (if applicable)

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