



Confidential Handling Request Form

Please Review Prior to Completing: This form is used to request an alternate method of communication (that is, a different email, phone number, or address) other than what is on the file for confidentiality reasons. It should not be used when a patient wants to get a copy of his/her medical record or designate another person to receive his/her medical record.

Patient Name: _____
Last First MI Maiden or Other Name

Date of Birth: _____ **Medical Record Number:** _____ **Phone:** _____

Address: _____ **City:** _____ **St:** _____ **Zip:** _____

Facility Visited: _____

I request confidential handling of communications to me regarding my protected health information (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

Communicating my PHI to me should be handled in the following way:

- Mailed to an alternative address: _____
- Via email only _____ [Mark an X here _____ if you prefer the email is sent unencrypted.]
- 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 accommodate. 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. I understand confidential handling cannot apply to workers' compensation.

Signature of Patient Date **Or** _____ Date
Parent/Legal Guardian/Authorized Person

Relationship to Patient

For the most efficient processing

Please submit the completed form directly to the Concentra medical center where you received services. Our Location Finder tool on Concentra.com has contact information (phone number, fax number, mailing address) for Concentra medical centers.

You may also submit your request to the Privacy Office:

- By mail: Concentra Privacy Office, 4714 Gettysburg Road, Mechanicsburg, PA 17055
- By fax: 214-775-4408
- By email: privacyoffice@concentra.com

FOR INTERNAL USE ONLY

Facility: Refer to applicable internal procedure. Contact the Concentra [Privacy](#) Office with questions.

Notice of Decision:

Confidential Handling: Completed Denied

If denied, reason for denial is:

Concentra is unable to accommodate the request.
Other _____

Leadership Colleague Handling Record Review Title Phone Date Completed

Facility Name