



## EMS

Issued: 04/28/2020  
Revised: 11/01/2024  
Reviewed: 10/10/2024

SOG 400.0.00

Page 25 of 41

## Privacy Policies and Procedures

### REQUEST FOR CONFIDENTIAL COMMUNICATIONS FORM #2

#### INDIVIDUAL DATA:

Requester's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

#### NATURE OF REQUEST RESTRICTION:

- A. I represent that I could be endangered if the Terrell Fire Department fails to communicate my protected health information by an alternative means or at an alternative location.  
\_\_\_\_\_ [Please initial]
- B. I request the Terrell Fire Department or its Business Associates to communicate with me regarding my protected health information in the following alternative manner or method.
- [ ] At a telephone number other than my home number. The telephone number at which I should be contacted is: \_\_\_\_\_.
- [ ] At a mailing address other than my home mailing address. The mailing address at which I should be contacted is: \_\_\_\_\_
- [ ] Through my e-mail address, rather than my home address. My e-mail address for purpose of contacting me is: \_\_\_\_\_
- [ ] Other. Please specify: \_\_\_\_\_

#### CONDITIONS GOVERNING THE REQUEST FOR CONFIDENTIAL COMMUNICATIONS:

Under the Standards for the Privacy of Individually Identifiable Health Information (often called the "Privacy Rule"), the Terrell Fire Department and its Business Associate are required to honor only reasonable requests for confidential communications if a disclosure of protected health information could endanger the individual. The Terrell Fire Department/Business Associate may condition granting the request for reasonable accommodation up the following:

- A. Individual providing information concerning how premiums or other payments will be handled; and
- B. Individual specifying an alternative address or other method of contact.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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Page 26 of 41

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GROUP HEALTH PLAN/BUSINESS ASSOCIATE TO COMPLETE FOLLOWING:

The Request for Confidential Communications has been reviewed by the Terrell Fire Department/Business Associate and is:

☐ Accepted

☐ Denied

Date Restriction Becomes Effective: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Signature of Terrell Fire Department/Business Associate: \_\_\_\_\_

Date: \_\_\_\_\_