

# REQUEST FOR CONFIDENTIAL COMMUNICATION

You or your personal representative can use this form to request to receive your protected health information by alternative means or at alternative locations. You may also write a letter containing the same information as requested in this form.

Please mail or deliver your Request for Confidential Communication to:

Attn: Medical Records Office  
Lasata Senior Living Campus  
W76 N677 Wauwatosa Road  
Cedarburg, WI 53012

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Specify the means by which you wish to receive communication of protected health information:

\_\_\_\_\_  
\_\_\_\_\_

Specify the location at which you wish to receive communication of protected health information:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Resident

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Personal Representative

\_\_\_\_\_  
Date

(If requestor is a Personal Representative, a copy of Documentation supporting the representation must be provided with this request.)

# REQUEST FOR CONFIDENTIAL COMMUNICATION

## FOR INTERNAL USE ONLY:

Date request received: \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_

If approved, a copy of approved request was forwarded to the following Lasata Senior Living Campus' offices and their compliance with the approved request is documented as follows:

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Confirmation of receipt and compliance received on \_\_\_\_\_

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Confirmation of receipt and compliance received on \_\_\_\_\_

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Confirmation of receipt and compliance received on: \_\_\_\_\_

Name of Medical Records Office staff member processing request for confidential communication and documenting compliance with approved request:

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