REQUEST FOR CONFIDENTIAL COMMUNICATION BY ALTERNATIVE MEANS OR ALTERNATIVE LOCATION

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
LEGAL ADVISORY UNIT
SFN 1977 (9-2013)

Clear Fields

Client Name	Date of Birth	Telephone Number	
Address	City	State	ZIP Code
Unit	Case Number		

You have the right to request the North Dakota Department of Human Services (DHS) communicate with you about your protected health information (PHI) by alternative means or at an alternative location.

If you are asking DHS to communicate with you about your PHI by alternative means or at an alternative location, please consider the following:

- PHI is any information created by the Department, or received from a health care provider, health plan, or health care clearinghouse, about your health care. Information may include your name, address, birth date, phone number, social security number, Medicare number, health information, diagnoses, medical treatments received, and information on your health insurance policies.
- DHS, as a health care provider, will accommodate your request if you provide a reasonable alternative means or location for communicating with you.
- DHS health plans will accommodate your request if it is reasonable and you clearly state that failure to communicate your PHI to the alternative means or location could endanger you.
- You shall provide a satisfactory explanation how any payments (if applicable) will be handled using the alternative means or alternative location that you request if DHS accommodates your request.
- DHS will begin communications to the alternative location within five (5) business days of receipt of this signed document. Any communications prior to this date will be sent using the existing information.
- This request will remain in effect until you notify DHS in writing requesting a change.
- If your request is for DHS to communicate with you about your PHI via e-mail or text messaging, the limits of e-mail, text messaging, or DHS computer systems may limit the amount of PHI DHS can disclose.

I request that my PHI, from a DHS health care provider, be communicated by the alternative means or location listed below. I request that my PHI, from a DHS health plan, be communicated by alternative means or location listed below because contacting me at my current address, telephone number, or both, is a safety issue for me. I understand that communications **will continue to be addressed to me**, but at the alternative means or location indicated below:

☐ 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 the purpose of contacting me is:

or

☐ Through text messaging. The telephone number at which I should receive text messaging is:

☐ Other. Please specify:

I REQUEST THAT A DHS HEALTH CARE PROVIDER CONTACT ME AT A DIFFERENT ADDRESS, A DIFFERENT TELEPHONE NUMBER, OR BOTH, THAN WHAT IS LISTED IN MY PERSONAL RECORDS.

Signature of Client or Legal Representative	Date

I REQUEST THAT A DHS HEALTH PLAN CONTACT ME AT A DIFFERENT ADDRESS, A DIFFERENT TELEPHONE NUMBER, OR BOTH, THAN WHAT IS LISTED IN MY PERSONAL RECORDS BECAUSE CONTACTING ME AT MY CURRENT ADDRESS, TELEPHONE NUMBER, OR BOTH, IS A SAFETY ISSUE FOR ME.

Signature of Client or Legal Representative	Date

UNENCRYPTED E-MAIL OR TEXT MESSAGING

If you are requesting DHS to communicate PHI by e-mail or text messaging, please note that unencrypted e-mail and text messaging is NOT a secure form of communication. There is some risk that any PHI and other confidential information that may be contained in such e-mail or text messages may be misdirected, disclosed to or intercepted by, unauthorized third parties. I consent and accept the risk in transmitting PHI and other confidential information via unencrypted e-mail or text messaging.

Signature of Client or Legal Representative	Date