

## Request to Receive Confidential Communications Through an Alternative Means &/or Location

Complete all fields that apply to you and be as specific and clear as possible. The completed form can be returned to the HISM team by email at **HISM@wellpower.org**, by fax at **(303) 504-6504**, by postal mail/in person to **4141 E. Dickenson Pl. (Office 170), Denver, CO 80222 – Attention: HISM**. If you have questions, please call (303) 504-6510.

### Person Served Information

Please complete the following information about the person who is the subject of the protected health information.

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 WellPower ID#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (mm/dd/yyyy)

### Requestor Information

(Leave blank if not applicable)

If you are submitting the request on behalf of the person in services, please fill in your information below.

**NOTE:** Supporting documentation of your legal authority to make this request must be provided, if not already on file.

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Organization: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Your Contact Information

Street Address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### Details of Confidential Communication Requested

Email: \_\_\_\_\_  
 Encrypted  Unencrypted – I understand that choosing to send and receive email risks the security of my health information and may be intercepted during transmission.

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 To: \_\_\_\_\_

Phone: \_\_\_\_\_  
 Texting – I understand that text messaging is not secure unless using a secure messaging application and that the type of information that can be sent via text is limited.  Voice call  
 Ok to leave message  Do not leave message

#### Other / Additional Details:

This request applies to the following information:

I request that my protected health information be delivered by the alternative method &/or location as described above. I understand WellPower is only required to grant reasonable requests. I understand that in case of emergencies or in the event the alternative location is no longer available, it may not be reasonable to accommodate this type of communication.

**X** \_\_\_\_\_  
 Requestor Signature Signature Date

### For WellPower Use Only

**Approved**

**Denied**

WellPower is unable to reasonably accommodate this request.

Reviewed by: \_\_\_\_\_ Reviewed Date: \_\_\_\_\_

**X** \_\_\_\_\_  
 Signature of reviewer Title