



Use this form to request that you receive communications of protected health information (PHI) by alternative means, or at an alternate location.

Please complete the following:

NAME		DAYTIME PHONE NUMBER	
ADDRESS	CITY	STATE	ZIP
DATE OF BIRTH	CONTRACT NUMBER		

Please read and complete the following:

You have the right to request that we communicate about all, or part, of your PHI by alternative means and that we send it to an alternate location, or that we communicate with you at an alternate phone number. We will accommodate your request, if you specify an alternate location or phone number – and reasonable alternate means – for communicating with you. However, if the method you request is not feasible, we will deny the method you request and offer an alternative.

Please note that we are not able to accommodate requests for communications to alternate addresses made solely for reasons of convenience.

I request that you communicate with me about my PHI by the following means, send such communications to an alternate address, and/or contact me at an alternate phone number. (Please provide full information on the means you want us to use, such as another address, phone number, etc.):

Do you wish this request to apply to communications from Blue Cross Blue Shield of Michigan or from Blue Care Network as your health carrier? Yes No

Please sign and date:

I have read the above statement and attest that I require communication about my PHI by the alternate means or to the alternate address indicated above.

Signature: _____ Date: _____

*If you are not the patient, please sign and write today's date below, then check the box that describes your relationship to the patient. If you are not the parent of the patient, please attach proof of your relationship to the patient. **NOTE: An authorization is required if you are not the personal representative.***

Print Name of Personal Representative: _____

Signature of Personal Representative: _____ Date: _____

Parent Legal Guardian Power of Attorney Executor Other _____

Please return this form to the Family Health Center where you receive your care:

Family Health Center – Creyts Road 1401 S. Creyts Road Lansing, MI 48917	Family Health Center – Lake Lansing 1525 W. Lake Lansing Road East Lansing, MI 48823	Former patients of Fashion Square, Essexville, and Midland Family Health Centers return forms to: Family Health Center – Creyts Road 1401 S. Creyts Road Lansing, MI 48917
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