2170 South Avenue
South Lake Tahoe
CA 96150
530.541.3420 TEL
bartonhealth.org

REQUEST FOR SPECIAL RESTRICTION ON THE MANNER/METHOD OF CONFIDENTIAL COMMUNICATIONS

Date (MM/DD/YYYY): _____

Patient Legal Name: _____

Date of Birth (MM/DD/YYYY): _____

You may request to receive confidential communications of PHI by alternative means or at alternative addresses. For example, you may not want your appointment notices or your bill to go to your home where a family member might see it.

We may not ask you the reason for your request. We will accommodate all reasonable requests.

If you make a special request, you must provide an alternative address or other method of contacting you. Please specify how or where you wish to be contacted:

- ☐ Mailing Address: _____
  City: _____ State: ____ Zip: _____
- ☐ Phone Number: _____ ☐ Home ☐ Mobile ☐ Work
- ☐ Email Address:_____

Privacy Rights

For more information about your privacy rights, see the "Notice of Privacy Practices" available on our website at www.BartonHealth.org, at Health Information Management, Barton Memorial Hospital Admitting, or by sending a written request to:

Barton HealthCare System:
Attn: Health Information Management – Privacy Notice Request
2170 South Ave.
P.O. Box 9578
South Lake Tahoe, CA 96158

To File a Complaint

If you believe your privacy rights have been violated, you may file a complaint with the hospital or with the Secretary of the Department of Health and Human Services.

Barton HealthCare System
Attn: Privacy Officer
2170 South Ave.
P.O. Box 9578
South Lake Tahoe, CA 96158
530.543.5975

Department of Health and Human Services: www.HHS.gov for more information

All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

Patient, Guardian or Responsible Party Signature: _____

Printed Name: _____Relationship: _____

Date Signed (MM/DD/YYYY): _____ Time: _____