

ATTN: COMPLIANCE DEPARTMENT

2450 HOLCOMBE BLVD. STE. 0.104 GRAND BLVD. RECEIVING DOCK HOUSTON, TX 77021-2024 PHONE 1.800.411.4363 FAX

1.800.434.9850

Patient Confidential Communication Request Form

45 CFR §164.522

Patients or their personal representative can complete this form to request Baylor Genetics (BG) contact them using an alternative means of communication (e.g., alternate email, phone number, etc.) or send information containing PHI to an alternate address. Please complete and submit this form to the address or fax number above.

PATIENT INFORMATIO	N				
					_
Request Date (MM/DD/YYYY)	ient's Full Name			
/	I				
Birth Date (MM/DD/YYYY)	Pho	one Number		Fax Number	
Address				City	
State	Zip	Email Ac	ddress		
PATIENT REQUEST FO	R ALTERNATIVE MEANS	OR LOCATION OF COMMUNIC	ATION OF PHI		
Please indicate the meth	ods or locations where BG	may contact your or provide y	ou with other written comm	nunication:	
Telephone Number					
Email					
Address					
Other					
Additional Instructio	ns				
SIGNATURES					
		/ /			/ /
Patient's Signature		Date Signed (MM/DD/YYYY)	Patient's Personal Represe	entative** Signature	Date Signed (MM/DD/YYYY)
Personal Representative Pr	inted Name		Relationship to Patient		
**Attach documents demonstrating your authority to act on behalf of the patient if you are not the parent. (e.g., A valid power of attorney letter, court order				der; guardianship papers).	
STOP – DO NOT ENTER ANYTHING AFTER THIS LINE					
FOR BAYLOR GENETICS USE ONLY					
				Comments	
Date Received by Complia	nce Who Processed Requ	uest			
Accepted An amendment will be made to the appropriate information and provided to the					
pe	rsons listed above.			/ /	
O Denied Re	ason for denial is specified	below		Date Response Sent to Indi	vidual/Patient (MM/DD/YYYY)