

830 King Avenue Athens, Georgia 30606 1550 Timothy Road Suite 104 Athens, Georgia 30606 (706) 425-2400 Phone (706) 425-2410 Fax



1550 Timothy Road Suite 103 Athens, Georgia 30606 (706) 850-5667 (706) 850-6249 Fax

## **REQUEST FOR COMMUNICATIONS BY ALTERNATIVE MEANS**

You have the right to request communication of your Protected Health Information (PHI) by alternative means or at an

alternate location.		
Name:	DOB:	Last 4 of SSN:
Please describe the PHI you want subjected to alternative co	ommunication:	
Alternative Means of Communication Requested		
☐ Alternate Mailing Address:		
☐ Alternate Phone Number:	<del></del>	
☐ Other Alternative Means of Contact ( <i>Please spec</i>		
This request applies to:		
□ Today's Date of Service only □ From: To: □ From: Until Further Notice  I understand that my request for communication by alternative information held by Athens Spine Center. I understand that Atheir entirety that they determine to be reasonable. I understand that writing to Athens Spine Center at 830 King Ave. Athens, GA anyone else, please indicate so below.  □ I attest that failure to communicate my PHI by the alternation endanger me or others.	Athens Spine Center will and that if I wish to termin 30606. If disclosure of your tive means or at the alter	accommodate requests completed in nate this request, I may do so in our PHI may endanger you or nate location listed above could
Signed by:  Signature of Patient or Personal Representative	D	ate signed:
Print Name of Patient or Personal Representative:  [If Signed by a Personal	Representative, please state s	such person's authority to act for the Individual
DATE RECEIVED:	JSE ONLY REQUEST HAS BEEN	
REASON FOR DENIAL:		☐ Approved ☐ Denied
DATE OF TERMINATION:	REASON FOR TERMII	NATION:
SIGNATURE/TITLE OF ASC EMPLOYEE PROCESSING:	DATE:	