

Request for Confidential Communications

The purpose of this form is to provide GHC-SCW patient's with the opportunity to request special processing of their protected health information (PHI). It may be used to identify an alternate contact if you wish for GHC-SCW to contact another individual on your behalf with regard to your care, treatment or payment. The form may also be used to request confidential communications such as receiving your payment information at an alternate address.

Last Name (print)

First Name (print)

GHC Member #

Street Address

City, State

Zip Code

Phone #

E-Mail Address

I am requesting special processing of my health information as follows:

I am requesting confidential communications as follows:

Signature

Patient or Personal Representative's Signature

Date

Use one of the following options to return the form to GHC-SCW:

USPS Mail
GHC-SCW
1265 John Q. Hammons Drive
Madison, WI 53717

Fax
(608) 662-4965

E-Mail via PDF
privacy@ghcsw.com

Questions or Concerns may be directed to the GHC-SCW Privacy Officer at (608) 662-4899.