FERRIS STATE UNIVERSITY
University Eye Center

REQUEST FOR CONFIDENTIAL COMMUNICATIONS

Part I: To Be Completed By Health Plan Participant, Covered Spouse, or Covered Dependent

1. Please complete the following:

Name: _____

Address: _____

Phone number: _____ Date: _____

Cell Phone No.: _____

Email Address: _____

Relation to Patient: _____

Social Security number: _____ Date of birth: _____

2. This request concerns:

___ My health information.

___ The health information of my minor child who is covered by the Health Plan.

Child's name: _____ Child's SSN: _____ Child's date of birth: _____

___ The health information of an individual who is covered by the Health Plan and for whom I am the legal guardian.

___ Copies of documents establishing my legal authority are attached.

___ Copies of documents establishing my legal authority are already on file with the Heath Plan

Individual's name: _____ Individual's SSN: _____ Individual's date of birth: _____

3. I, _____, request that all of my protected health information be communicated in the following manner (please check the appropriate box):

☐ Fax
Fax number: _____

☐ Telephone
Phone number: _____

☐ Mail
Address:_____

_____

☐ E-Mail
Address:_____

_____

☐ Other: _____

4. Check if applicable

☐ I hereby certify that failure to disclose all or part of my protected health information as requested above could put me in danger.

☐ I hereby certify that failure to disclose all or part of my protected health information as requested above could put the individual for whom I am responsible in danger.

5. Signature. By signing this document, I hereby warrant that I have truthfully represented my identity and that I am authorized to make this request. I understand that if I have misrepresented my identity or my authority, that the University Eye Center may seek whatever criminal and civil relief is available.

Signature: _____ Date: _____

6. Submit this form to the Privacy Officer (MCO-101F).

Part II: To Be Completed By the Privacy Officer.

Received by: _____

Date received: _____

Status: ☐ Granted ☐ Denied

Request processed by: _____

Federal law requires the retention of this document and all documents concerning this matter for a period of six years, beginning on the date of the final disposition of this request.