Pharmacy Form
Request for Confidential Communications

What is the Purpose of this Request?

This form is used by a Patient or Patient's personal representative to request that communications of a Patient's Protected Health Information ("PHI") be received from the Wal-Mart, SAM'S Club, and Neighborhood Market Pharmacies (collectively "Pharmacy") by alternative means or at alternative locations. Your request may be denied if it cannot reasonably be accommodated. It may also be denied unless the disclosure of your PHI could endanger you.

Section 1: Patient Information (as listed in the Patient profile)

Patient Name:			Date of Birth:
Address:			
City:	State:	Zip:	Phone:

Section 2: Communication Method

Initial the line below that describes how you would like to receive communications of Protected Health Information from the Pharmacy:

(a) _____ Telephone

The phone number(s) I may be contacted at is: ( ) _____

( ) _____

(b) _____ Mail

The alternate address I may be contacted at is:

Address: _____

City: _____ State: _____ Zip: _____

(c) _____ The Pharmacy may contact me by the following method (be specific): _____

_____

_____

Section 3: Signature

Please note that if you request confidential communication, the Pharmacy will send all correspondence to you at the address you supply and/or will call you at the alternative phone number you supply. We will continue to do so until you advise us in writing that would like to use another method of communication. If you would like to change this method of communication, you must fill out a new form with your new contact information.

_____ _____

Signature of Patient or Personal Representative | Today's Date

If you have signed this form as a legally authorized representative of the Patient, please print your name and relationship to the Patient below.

_____ _____

Name of Personal Representative (please print) | Relationship to Patient (parent, legal guardian, etc.)

For Office Use Only

Request Status: ☐ Approved ☐ Denied _____ (Date) _____ (RPh Initials)

Reason: _____

_____