



Request for Alternate Means of Communications Form

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|---------------|--|------------|--|-----|--|
| First Name | | Last Name | | | |
| Date of Birth | | ID# | | | |
| Address | | | | | |
| City | | State | | Zip | |
| Home Phone | | Cell Phone | | | |
| Email address | | | | | |

I am requesting the following alternate means of communication of my Protected Health Information:

Circle One: This is a Permanent Request Temporary Request

NOTE: Please notify Lab Works' Privacy Officer at jewart@ourlabworks.com if there are any changes to the above request.

Lab Use Only

Refer to Lab Works' Identity Authentication Policy prior to making any adjustments (temporary or permanent) to the above patient's demographic information.