



REQUEST FOR ALTERNATIVE MEANS OR LOCATIONS OF COMMUNICATION

The purpose of this form is to obtain from you (the patient) how we should communicate about you and to you.

Patient Information

Date of Request: _____ / _____ / _____

Patient Name: _____ Date of Birth: _____ / _____ / _____

Patient Address: _____
City State Zip

SECTION 1: Communications to Family Members and Others Involved In My Healthcare

I give my permission to Iowa Kidney Physicians to communicate information concerning my medical condition and medical treatment to the person(s) listed below. **(Note: If the patient is a minor, pursuant to Iowa and Illinois law, information generally will be given to both parents unless Iowa Kidney Physicians otherwise deems the communication inappropriate.)**

Name 1: _____ Relationship _____ Phone No. _____

Name 2: _____ Relationship _____ Phone No. _____

Name 3: _____ Relationship _____ Phone No. _____

I understand that it is my responsibility to update the above information if I want it changed. This communication information will be used for all medical conditions and treatment obtained at Iowa Kidney Physicians or at the request of one of the physicians employed at Iowa Kidney Physicians.

I understand that mental health, substance abuse treatment and/or HIV information may **not** be disclosed pursuant to this form and that a HIPAA-compliant Patient Authorization to Release information form must be completed to disclose any mental health, substance abuse treatment and/or HIV information. Additionally, I understand that if there are exceptions to the communications permitted pursuant to this form, it is my responsibility to notify Iowa Kidney Physicians.

Note: This form **does not** provide the above-named person(s) with any authority, either implied or direct, over any treatment or direct care decisions. If you wish to designate a health care partner or representative, or if you wish to set up a living will, please discuss this with your primary healthcare physician or your attorney.

SECTION 2: Standard Methods to Communicate to Me (the patient)

Detailed information regarding my medical condition and medical treatment may be left on:

My Home Answering Machine Yes No Home Phone is: _____

My Work Answering Machine Yes No Work Phone is: _____

My Cell Phone Yes No Cell Phone is: _____

Text Messages Yes No Cell Phone is: _____

(Standard text message rates may apply; only appointment reminders will be sent by text message.)

Exceptions (types of information that cannot be left as messages): _____

SECTION 3: Request for Alternative Communications to Me (the patient)

This section is required ONLY to indicate alternative communications to phone numbers and addresses other than my contact information listed above.

I request Iowa Kidney Physicians to contact me in the following manner:

Telephone communication at the following telephone number: _____

Correspondence to be sent to the following address: _____

I understand that Iowa Kidney Physicians may not require me to provide a reason for this request as a condition for accommodating this request. However, Iowa Kidney Physicians may condition its acceptance of these conditions upon my providing sufficient information for billing purposes or upon my providing an alternative address or other method of contacting me.

For Iowa Kidney Use Only:

Accepted Request for Alternative Communication

Denied Request for Alternative Communication due to: _____

Approved by: _____

Clinic Administrator or Designee

This form will be in effect until revoked, but I may be asked to confirm the information with a new dated signature on an annual basis.

Signature of Patient or Legal Guardian

Date

Relationship (if not patient)

Iowa Kidney Physicians, P.C. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-515-241-5710.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-515-241-5710。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-515-241-5710.