



## Request for Alternate Means of Communications Confidential Information

Date

You may request that we communicate with you at an alternative location (e.g., at work) or by an alternative means (e.g., via e-mail). To do so, you must complete this form and return it to Great Plains Women's Health Center. This request applies only to this location. Please provide the following information:

Patient Name Date of Birth  
Phone Number  
Address

Please specify the health care provider office from which you are requesting confidential communications: **Great Plains Women's Health Center**

Please describe the information to which this request applies (e.g., pregnancy test results).

Please check how you would like us to communicate with you.

<b>Phone:</b>	<b>E-mail</b>
Voice Message	Email on file
Cell Text Message	Alt email address

**Post Office**  
Home  
  
Other Location

Please describe how you would like for us to contact you with confidential information

Signature