



Patient Request for Confidential Communications

Place Patient Label Here

Mail, Fax or Drop off completed form at the following locations - Health Information Management Dept. - ROI

Good Samaritan Regional Medical Center
P.O. Box 2728
Corvallis, OR 97330
Fax: 541/768-5389

Samaritan Albany General Hospital
1046 Sixth Ave. SW
Albany, OR
Fax: 541/812-4139

Samaritan Lebanon Community Hospital
P.O. Box 739
Lebanon, OR
Fax: 541/451-7071

Samaritan North/Lincoln Hospital
P.O. Box 767
Lincoln City, OR 97367
Fax: 541/996-7310

Samaritan Pacific Communities Hospital
930 SW Abbey St.
Newport, OR 97635
Fax: 541/574-1836

Patient Name

Date of Birth

Medical Record #

I request that I receive communications of my protected health information from Samaritan Health Services (SHS) by alternative means (e.g., sealed envelope instead of postcard) or at alternative locations (e.g., P.O. Box instead of home address).

Before signing this request, please consider:

- SHS may request additional fees to cover the costs of delivering your information to the alternative means or locations requested.
SHS may accommodate this request based on the specification of an alternative address or other method of contact.
SHS may terminate this accommodation if we determine that the delivery method specified is not an effective means/location for delivery or upon receipt of your request to terminate this accommodation.

Your Rights when Requesting Confidential Communications of Information:

- You have a right to request confidential communications of your protected health information from SHS by alternative means or at alternative locations as well as the right to terminate such request for confidential communications.
SHS will attempt to accommodate reasonable requests for confidential communications of your protected health information to you, but are not required by law to accept this request.
You have a right to receive a response to this request within 60 days. If there are potential delays in that response, you will be notified in writing; this delay cannot be more than an additional 30 days.

I am requesting receipt of medical information communications from SHS by the following alternative means or alternative locations (be specific, a separate page may be attached, if needed).

Three horizontal lines for providing alternative means or locations.

Signature of patient

Signature of person authorized by law to sign for patient

Date

Relationship to patient

Witness

Date

Your Right to File a Privacy Complaint:

Individuals can file privacy complaints with the SHS Privacy Officer or with the U.S. Department of Health and Human Services, Office for Civil Rights. See contact information below:

Samaritan Health Services, Inc. Attention: Privacy Officer
3600 NW Samaritan Drive Corvallis, Oregon 97330
Phone: (541) 768-6218
Email: privacy@samhealth.org

Office for Civil Rights, Region X
U.S. Department of Health and Human Services 2201 Sixth Avenue - Mail Stop RX-11
Seattle, Washington 98121 - 1831
Phone: (206) 615-2290

