



NORTHERN INYO HOSPITAL

Northern Inyo County Local Hospital District

150 Pioneer Lane · Bishop, California 93514 · Voice (760) 873-5811 · Fax (760) 872-2768

COMMUNICATION RESTRICTION REQUEST

Patient Name: _____ Today's Date: _____

Medical Record No.: _____ Date of Birth: _____

You may request to receive protected health information by a particular means. For example, you may not want your appointment notices or bill to go to your home where a family member might see it.

We may not ask you the reason for your request. We will accommodate all reasonable requests, but may ask you to pay for the cost associated with your request, such as long distance phone charges, etc, if applicable. We will not consider your request reasonable if, at some future date, we are unable to communicate with you to provide treatment information, that in our professional judgment you need to know, or for payment purposes.

If you make a special request, you must give us a telephone number, an address or other method of contacting you. In addition, we require that you provide a mailing address for payment purposes. Please specify how and where you wish us to contact you:

I request that the hospital contact me using this means:
If I cannot be reached by this means, the hospital may use this alternative means:
Billing information may be sent to me at:

Signature of patient or representative Date/Time
If signed by other than patient, indicate relationship

Terminate the above communication restriction

Signature of patient or representative Date/Time
If signed by other than patient, indicate relationship

If you believe your privacy rights have been violated, we encourage you to contact our Privacy Officer at (760) 873-2846 or submit a written complaint. You may place a written complaint with any Northern Inyo Hospital employee, who will forward it to the Privacy Officer.

FOR HOSPITAL USE ONLY

Received by: Date/Time