



Saint Luke's Health System
Request for Confidential Alternate
Communications with Patient

Current Patient Information

Patient Name: _____ MR# _____ Date of Birth: _____
 Address: _____ Phone: _____
 City: _____ State: _____ Zip: _____

Alternate Patient Communication (Address and/or Email Address)
Please provide the address, phone number, or email address where you would like us to direct our communication with you.

Address: _____ Phone: _____
 City: _____ State: _____ Zip: _____
 Email Address: _____
 Effective Date: _____

Patient Signature: _____ Date: _____

For Organizational Use Only (to be completed by Privacy Site Coordinator)

Received By: _____ Title: _____
 Date Received: _____

_____ Accepted Notified the following departments:	_____ Denied Reason for Denial:

Original: To File in Medical Record when Complete