



LOUISIANA CARDIOLOGY
ASSOCIATES

Request for Confidential Communication by Alternate Means or to an Alternate Location

Name: _____ Date of Birth: _____

I, _____ request an alternate means of communication of my health information that is different from the usual method of a call to the primary phone number I have listed in my demographics or a mailed notification to my home address.

I understand that a request for communications by alternate means or to an alternate location is applicable only to information held by Louisiana Cardiology Associates (LCA) and that disclosure by alternate means may not be protected and could endanger me. I also understand that a request for e-mail or FAX communication may be intercepted by others and LCA is not responsible for such interceptions.

Alternate Mailing Address: _____

Alternate Telephone Number: _____

Alternate Means of Communication (please specify): _____

This Request Applies To:

Today's Date of Service Only

From: _____ To: _____

From: _____ Until Further Notice

Patient or Personal Representative Signature: _____ **Date:** _____

LCA USE ONLY

Request Approved Denied

If Denied, State Reason (check one):

Request is not reasonable to accommodate Alternate contact not provided

Failure to provide information on how payment will be made (if applicable)

Other (please explain): _____