



Children's  
of Alabama®

CHILDREN'S OF ALABAMA REQUEST FOR CONFIDENTIAL COMMUNICATIONS OF PROTECTED HEALTH INFORMATION			
Patient Information			
<b>Patient Name:</b> (Please print)		<b>Request Date:</b>	
<b>Street Address:</b>		<b>Birth Date:</b>	
<b>City/State/Zip:</b>		<b>Phone Number:</b>	
Request for Confidential Communications			
<b>Method to Communicate Patient's Health Information (if different from above):</b>			
<b>Dates of Service Requested:</b>	I am requesting confidential communications for the patient's records with the following dates: From: _____ To: _____		
<b>Please describe confidential communication you want to happen:</b>			
Signature of Parent/Legal Guardian/Patient			
I represent that I am the parent/legal guardian of the patient and have the authority to request this confidential communication. I understand that COA may not be able to accept this request if prohibited by law.			
<b>Parent/Legal Guardian Print Name:</b> _____			
<b>Parent/Legal Guardian Signature:</b> _____			<b>Date:</b> _____
<b>Patient Signature if 19 or older:</b> _____			<b>Date:</b> _____
<b>Witness Signature:</b> _____			<b>Date:</b> _____

\*\* RETURN FORM TO THE COA PRIVACY OFFICER\*\*

Mailing Address: COA Privacy Officer, Children's of Alabama, 1600 7<sup>th</sup> Avenue South, Birmingham, AL 35233

Fax: (205) 638-2468

Email: HIPAA@ChildrensAL.org

Phone for Questions: (205) 638-5959