



Children's  
of Alabama

**CHILDREN'S OF ALABAMA  
REQUEST FOR CONFIDENTIAL COMMUNICATIONS  
OF PROTECTED HEALTH INFORMATION**

**Patient Information**

<b>Patient Name: (Please print)</b>		<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.

**Parent/Legal Guardian Print Name:** \_\_\_\_\_

**Parent/Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Patient Signature if 19 or older:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\* 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