

**Clayton Fire Department  
Request for Alternate Communication Form**

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

*Patient Rights:* As a patient, you have the right to request that the Clayton Fire Department or its business associates send communications containing your PHI to you to a different location (e.g., work address) or by an alternate method (e.g., e-mail, by telephone, etc.). Clayton Fire Department will accommodate all reasonable requests.

Please indicate below your request for communications to be sent to you by an alternate means and/or to a different location.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Patient:	
Please print name:	Date:

— OR —

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