



Treatment Foster Care
and Family-Based Services

2324 University Avenue West #120
St. Paul, MN 55114-1843
651-646-3221
Fax 651-641-0452

REQUEST FOR ALTERNATE MEANS OF COMMUNICATION

Original Communication/Contact Information:

I request to receive communications of protected health information from PATH, Inc. by alternative means or at alternative locations. I understand that PATH, Inc. will take the necessary to accommodate reasonable requests for confidential communications.

Request:

The information below will be used to correctly identify you for the purpose of reviewing this request of alternate means of communication.

Consumer Name: _____

Date of Birth: _____

Street Address: _____

City / State / Zip: _____

Telephone Number: (_____) _____ E-mail Address: _____

New Communication/Contact Information:

Check the box for the communication channel you wish to change. Enter the new information on the corresponding lines.

Street Address: _____

City / State / Zip: _____

Telephone Number: _____

E-mail Address: _____

Other: _____

Signature:

Signature: _____ Date: _____

If signed by the consumer's representative, explain authority to act on behalf of the consumer:

Please mail this completed form to the address listed below:

PATH, Inc. Privacy Office, 2324 University Avenue West, Suite 120, St. Paul, MN 55114-1843