



**REQUEST FOR CONFIDENTIAL COMMUNICATION BY
ALTERNATIVE MEANS OR ALTERNATIVE LOCATION**

Client Name: _____ Client Number _____ Date of Birth _____ Telephone Number _____

Address _____ City _____ State _____ Zip Code _____

You have the right to request the Santa Barbara County Department of Behavioral Wellness (SBCBW) communicate with you about your protected health information (PHI) by alternative means or at an alternative location.

If you are asking SBCBW to communicate with you about your PHI by alternative means or at an alternative location, please consider the following:

- * PHI is any information created by the Department, or received from a health care provider, health plan, or health care clearinghouse, about your health care. Information may include your name, address, birth date, phone number, social security number, health information, diagnoses, treatments received, and information on your insurance policies.
- * SBCBW will accommodate your request if you provide a reasonable alternative means or location for communicating with you.
- * SBCBW will begin communications to the alternative means or location within five (5) business days of receipt of this signed document. Any communications prior to this date will be sent using existing information.
- * This request will remain in effect until you notify SBCBW in writing requesting a change or until services are terminated.
- * If your request is for SBCBW to communicate with you about your PHI via e-mail or text messaging, the limits of e-mail, text messaging, or SBCBW computer systems may limit the amount of PHI SBCBW can disclose.

I request that my PHI, from SBCBW, be communicated by alternative means or location listed. I understand that communications will continue to be addressed to me, but at the alternative means or location indicated below:

I request that written communications - appointment notices, bills, or explanation of benefits. Be in plain envelopes with no identification of the provider in the return address

I request that the following information be communicated to me by alternative means

- All Information
- Payment Information
- Other matters related to treatment
- Appointment Reminders

I REQUEST THAT SBCBW CONTACT ME AT A DIFFERENT ADDRESS, A DIFFERENT TELEPHONE NUMBER, OR BOTH, THAN WHAT IS LISTED IN MY PERSONAL RECORDS.

At a telephone number other than my home number.

The telephone number at which I should be contacted is:

At a mailing address other than my home mailing address.

The mailing address at which I should be contacted is:

Address _____ City _____ State _____ Zip Code _____

Through encrypted e-mail. My clinician reviewed the risks associated with communicating via encrypted (secure) e-mail transmission with me and I understand the risks involved.

Un-encrypted e-mail. My clinician reviewed the risks associated with communicating via unencrypted (unsecure) e-mail transmission with me and I understand the risks involved.

My e-mail address for the purpose of contacting me:

Through text messaging. My clinician reviewed the risks associated with communicating via texting with me and I understand the risks involved.

The telephone number at which I should receive text messaging:

REGARDING MINOR CLIENTS

I request that SBCBW contact my minor client directly **AND** myself through text messaging. The clinician reviewed the risks associated with communicating via text messaging with me (and the minor client when reasonable) and I (we) understand the risks involved.

The telephone number at which I should receive text messaging:

The telephone number at which the minor client should receive text messaging:

I request that SBCBW contact my minor client directly through text messaging. I give SBCBW permission to communicate directly with the minor client **WITHOUT** including me. The clinician reviewed the risks associated with communicating via text messaging with me (and the minor client when reasonable) and I (we) understand the risks involved.

The telephone number at which the minor client should receive text messaging:

If the provider approves your request, the provider will send you a text message with a security question that you select. Your provider will not communicate anything else until you send back the answer you have written below.

Security Question:

Security Answer:

I (we) have read and understand the appropriate handout for Important information About Agency-Client Alternative Communications.

UNENCRYPTED E-MAIL OR TEXT MESSAGING

If you are requesting SBCBW to communicate PHI by unencrypted e-mail or text messaging, please note that unencrypted e-mail and text messaging is NOT a secure form of communication. There is some risk that any PHI and other confidential information that may be contained in such e-mail or text messages may be misdirected, disclosed to or intercepted by, unauthorized third parties. I consent and accept the risk in transmitting PHI and other confidential information via unencrypted e-mail or text messaging.

Signature of Client or Legal Representative

Date

For legal guardian, representative, or conservator: print name & relationship below:

Behavioral Wellness Use Only

Approved By:

Date:

Denied By:

Reason for Denial: