

ALVORD, BAKER & ASSOCIATES, LLC

11161 New Hampshire Ave., Suite 307
Silver Spring, MD 20904
301-593-6554
Fax: 301-754-1034

3200 Tower Oaks Blvd. Suite 200
Rockville, MD 20852
301-593-6554
Fax: 301-255-0461

Request for Confidential Handling of Health Information

I, _____ request
(Patient's First and Last Name)
that Alvord, Baker & Associates, LLC handle my confidential health information in the following way:

A. All reasonable requests to receive communication of your health information by alternative means will be granted. Please check and list all means by which you prefer to receive your health information.

- Home Telephone Cellular Phone Work Telephone
 Fax Email
 Postal Service and/or other carrier, i.e. UPS, FedEx, et.al.
 Other (please list below)

B. All reasonable requests to receive communication of your health information at alternative locations will be granted. Please complete the following section only if you want communications regarding your health care information sent to an alternate address (other than your residence).

Street Address _____
City _____ State _____ Zip Code _____

C. Additionally, I understand that there may be times when I may provide my therapist with additional means for communication, outside of those listed above. It will be understood that these too will be considered patient authorized confidential communications.

Signature _____ Date _____
Patient or legally authorized individual signature _____ Date _____ Time _____

Relationship to patient if signed on behalf of the patient by parent, legal guardian, personal representative, etc.
