

**EAST CAROLINA UNIVERSITY
HEALTH CARE COMPONENTS**

Request for Alternate Communication

NOTICE TO PATIENT: Your request for alternate communication is only applicable to your protected health information in a designated record set maintained by:

(Print Name of ECU Health Care Component)

If you would like to receive communication by an alternate means or at an alternate location by any other Health Care Component of East Carolina University, a separate request should be submitted to that area. Please complete and return to:

**Please return this request to:
[enter address of ECU Health Care Component]**

Name: _____ **Date of Birth:** _____

Address: _____

Phone Number: _____

I hereby request that all PHI be disclosed to me at the following address/telephone number:

Alternative Street Address: _____

Alternative Phone Number: _____

Alternative E-Mail Address: _____

I hereby request that all PHI be communicated in the following manner:

Comments:

Signature _____ Date _____

Printed Name _____

Relationship if not Patient _____

For Internal Use Only

REQUEST APPROVED/DENIED:

By: _____
Signature Title Date

If you have questions concerning this denial, you may contact the ECU HIPAA Privacy Officer at:

ECU HIPAA Privacy Officer
East Carolina University
Physicians Quadrangle N, 600 Moye Blvd.
Greenville, NC 27834

Phone: (252) 744-5200 E-mail: HealthCarePrivacy@ecu.edu