



Name: _____ Today's Date: _____

Address: _____

Date of Birth: _____

Phone Number: _____



You may request to receive confidential communications of protected health information (PHI) by alternative means or at alternative addresses. For example, you may not want your appointment notices or your bill to go to your home where a family member or friend might see it.

We may not ask you the reason for your request. We will accommodate all reasonable requests.

If you make a request, you must give us an alternative address or other method of contacting you (phone number, email address, etc.). Please specify how or where you wish to be contacted:

For more information about your privacy rights, see the "Notice of Privacy Practices" available on our website at www.phlb.org or contact Admissions department at Pacific Hospital of Long Beach 562-997-2500 or by sending a written request to Pacific Hospital of Long Beach, Attn: Admissions department, 2776 Pacific Avenue, Long Beach, CA 90806.

If you believe your privacy rights have been violated, you may file a complaint with the hospital or with the Secretary of the Department of Health and Human Services. To file a complaint with the hospital, contact the Privacy Officer, 562-997-2500. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Signature of patient or representative:

If representative, give relationship: _____ Date: _____ Time: _____

When you have finished filing out this form, please send it to Pacific Hospital of Long Beach, Attn: Correspondence – Health Information Management department, 2776 Pacific Avenue, Long Beach, CA 90806, or bring it to the Health Information Management department at Pacific Hospital of Long Beach. (Will not accept fax or copy of this form.)