

**IMPERIAL COUNTY
BEHAVIORAL HEALTH SERVICES
202 N. EIGHTH STREET
EL CENTRO, CA 92243**

**REQUEST TO RECEIVE CONFIDENTIAL COMMUNICATIONS BY
ALTERNATIVE MEANS OR AT ALTERNATIVE LOCATIONS**

Completion of this form gives you the opportunity to request communication of protected health information from Imperial County Behavioral Health Services by alternative means or at alternative locations. In order for ICBHS to respond promptly and accurately to your request, please complete this form in its entirety.

IDENTIFYING INFORMATION		
Date:	Name:	DOB:
Address:	City/Zip:	Phone:
ADVISEMENTS		
<p>You may request to receive confidential communications of PHI by alternative means or at alternative locations. For example, you may not want your appointment notices or your bill to go to your home where a family member might see it. We will accommodate all reasonable requests. Please specify below how or where you wish to be contacted.</p>		
REQUEST FOR ALTERNATIVE MEANS OR LOCATIONS		
Address:		
Phone Number:	E-mail Address: <input type="checkbox"/> Encrypted <input type="checkbox"/> Unencrypted*	
<p>*If you are requesting ICBHS to communicate PHI by unencrypted email, please note that unencrypted email is NOT a secure form of communication. There is some risk that any PHI and other confidential information that may be contained in such email may be misdirected to, disclosed to, or intercepted by unauthorized third parties. By signing this form, you consent and accept the risk in transmitting PHI and other confidential information via unencrypted email.</p>		
PAYMENT INFORMATION		
<p>Your request for alternative communications may affect our normal procedure of mailing bills to your home address. Please specify an alternative means for payment.</p>		
Address:		
SIGNATURE		
<p>Signature of client/personal representative : _____</p> <p>If personal representative, give a relationship : _____</p>		
NOTIFICATION OF RIGHTS AND OTHER INFORMATION		
<p>For more information about your privacy rights see the "Notice of Privacy Practices". Available in all of our our lobbies and buildings. You may also obtain a copy on our website (https://bhs.imperialcounty.org/) under the Resources tab or by calling 1-800-817-5292 and requesting that a copy be mailed to you.</p> <p>If you believe your privacy rights have been violated, you may file a complaint with Imperial County Behavioral Services (ICBHS) or with the Secretary of the Department of Health and Human Services. All privacy complaints must be submitted in writing. You will not be penalized for filing a complaint.</p> <p>A privacy complaint may be directed to:</p> <div style="text-align: right; margin-top: 20px;"> <p>ICBHS Privacy Officer 202 N. Eighth Street El Centro, CA 92243 Phone: (442) 265-1560 Fax: (442) 265-1583</p> </div>		