

Benjamin N. Wan, MD, INC

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**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES AND CONFIDENTIAL CHANNEL OF COMMUNICATION REQUEST**

I, \_\_\_\_\_ (print your full name) hereby acknowledge that I have received a copy of Benjamin N. Wan, MD, INC's Notice of Privacy Practices, and have had an opportunity to read it. I understand that I may ask questions to Benjamin N. Wan, MD, INC if I do not understand any information contained in the Notice of Privacy Practices.

**As required by the Health Information Portability and Accountability Act of 1996, you have a right to request that communications concerning your personal health information be made through confidential channels. Benjamin N. Wan, MD, INC will not ask you why you are making your request, and will make reasonable efforts to accommodate all reasonable requests. Some method of contact must be provided, and as appropriate, information as to how payment will be handled.**

I hereby request the use of the following confidential channels for the communication of information related to the personal health, treatment, or payment for treatment of:

Patient's Name: \_\_\_\_\_

Address: \_\_\_\_\_

This request supersedes any prior request for confidential channel communications I may have made.

Please select all that apply. Where you list more than one communication option, please indicate which you prefer.

**PHONE** - I want you to contact me by telephone at: ( \_\_\_\_\_ ) \_\_\_\_\_

Do  Do Not - leave messages on my answering machine.

Do  Do Not - leave messages with any other person.

**MAIL** - I want you to contact me at the following address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

**E-MAIL** - I want you to contact me at the following email address:

\_\_\_\_\_

**FAX** - I want you to contact me at the following fax number: ( \_\_\_\_\_ ) \_\_\_\_\_

Check here if you agree to pay for any costs associated with your request for an alternate communication channel. These costs have been explained to you.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name and Relationship: \_\_\_\_\_