



REQUEST FOR ALTERNATIVE COMMUNICATION OF PROTECTED HEALTH INFORMATION

You may keep this page and retain it for your records.

The attached form may be used to request a specific means or an alternative location for the organization to communicate your Protected Health Information to you. All reasonable requests for communications via specific means or at alternative locations will be granted. Specific means include, for example, e-mail and facsimile transmissions. Alternative locations include, for example, work addresses or friends' addresses.

A request not to receive any information and any request that may interfere with the ability to obtain payment for the services provided to you will be denied, unless appropriate information about how payment will be handled is provided.

EXAMPLE: You are responsible for any additional costs associated with communications via a specific means or to an alternative location. For example, if you request overnight mail delivery of laboratory test results, you will be expected to pay the postage prior to delivery.

To submit a request for communications via specific means or at alternative locations, please complete the attached form and return it to the individual from St. Luke's who provided the form to you or mail it to:

St. Luke's Treasure Valley

190 E. Bannock
Boise, ID 83712
Phone: 208-381-2189 Fax: 208-381-2438

St. Luke's Wood River

P.O. Box 100, 100 Hospital Dr.
Ketchum, ID 83340
Phone: 208-727-8335 Fax: 208-727-8326

St. Luke's Magic Valley

801 Pole Line Road West
Twin Falls, ID 83301
Phone: 208-814-0160 Fax: 208-814-1950

St. Luke's McCall

1000 State Street
McCall, ID 83638
Phone: 208-630-2239 Fax: 208-634-4638

St. Luke's Elmore

P.O. Box 1270
Mountain Home, ID 83647
Phone: 208-587-8401 ext.105 Fax: 208-580-2682

St. Luke's Jerome

709 N. Lincoln
Jerome, ID 83338
Phone: 208-814-9790 Fax: 208-814-9595

St. Luke's Mountain States Tumor Institute

100 East Idaho Street
Boise, ID 83712
Phone: 208-381-3111 Fax: 208-381-4310

St. Luke's Rehab Hospital

600 N. Robbins – 2nd Floor
Boise, ID 83703
Phone: 208-385-3257 Fax: 208-489-4055



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To be used in conjunction with the "Request" form

Today's Date: _____

Patient's Name: _____ Birth Date: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone (Home/Cell #): _____ (Work #): _____

A. Alternative Means or Location:

Please provide a specific location the records will be sent. (I.e. Home, Work):

B. Please provide the Protected Health Information described on the "Request" form via the following means:

___ E-mail Address (will be sent securely): _____

___ Fax Number: _____

Patient Signature: _____ Date: _____

If you are the (Patient Representative, Guardian, or Parent of a minor); please fill out the following:

Name: _____

Relationship to the Patient: _____

Address (if different than above): _____

Phone (if different than above): (Home/Cell #) _____ (Work #) _____

Signature: _____ Date: _____