Four States Foot Clinic

Matthew B. Richins, DPM, FACFAOM
Erick D. Studyvin, DPM

2024 S Maiden Ln, Ste 201
Joplin, Missouri 64804
fourstatesfootclinic.com

Phone: 417-782-7500
FAX: 417-782-7524

Confidential Channel Communication Request

As required by the Health Information Portability and Accountability Act of 1996 you have a right to request that communication concerning your personal health information be made through confidential channels. Four States Foot Clinic will do its best to accommodate all reasonable requests.

I, _____ (print patient name) DOB: _____
hereby request the use of confidential channels for the communication of information related to my treatment, personal health, and/or payment for treatment.
A description of special communication methods to be used is listed below, (PLEASE specify alternate phone numbers, mailing addresses, etc.):

(1)_____	_____	_____	_____
Name of Person	Address	Phone Number	Relationship
(2)_____	_____	_____	_____
Name of Person	Address	Phone Number	Relationship
(3)_____	_____	_____	_____
Name of Person	Address	Phone Number	Relationship

This authorization:

□ is in effect on _____.

□ is effective from _____ to _____.

□ is effective until revoked by me in writing.

I reserve the right to revoke this authorization at any time by writing to the above named physician.

_____ _____
Print Guardian Name Date

_____
Patient or Guardian Signature

Staff Member Processing Request: _____

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Date	Initials	Date	Initials