



# Four States Foot Clinic

Matthew B. Richins, DPM, DABPM

2630 Cunningham Ave  
Joplin, MO 64804

Phone: 417-782-7500  
Fax: 417-782-7524  
fourstatesfootclinic.com

## 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.

\_\_\_\_\_  
Guardian Name Date

\_\_\_\_\_  
Patient or Guardian Signature Staff Member Processing Request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date Initials Date Initials Date Initials