



# RESTRICTING COMMUNICATIONS REQUEST FORM

Client's Name:	Date of birth:	Phone number	
Address	City	State	Zip

Programs where you currently receive services:

Mental Health     Health  
 Alcohol & Drug     Other \_\_\_\_\_

You may request that the Agency send your communications of health information by alternate means or at alternate addresses. 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 not ask you the reason for your request and will accommodate all reasonable requests. If you make this request, you must give us an alternate address or method of contacting you (phone number, etc.). You must also provide us with the information necessary to bill you for services; if applicable. Failure to provide us with such information will result in the Agency denying your request. Please tell us how or where you wish to be contacted:

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\_\_\_\_\_  
Signature of patient or representative

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If representative, state legal relationship

\_\_\_\_\_  
Date

For more information about your privacy rights, see the "Notice of Privacy Practices" available at the Medical Records Department or by sending a written request to Napa County Health & Human Services Medical Records Department, 2751 Napa Valley Corporate Drive, Napa, CA 94558.

If you believe your privacy rights have been violated you may file a complaint with the Napa County Privacy Officer or the Secretary of the Department of Health and Human Services. To file a complaint with the County Privacy Officer please call (707) 259-8349 or address a written complaint to P.O. Box 6794, Napa, CA 94581. **You will not be penalized for filing a complaint.**