

**THE UNIVERSITY OF TEXAS SYSTEM ADMINISTRATION
HIPAA PRIVACY MANUAL**

Request for Confidential Communications of Medical Information

Name: _____ Daytime Phone # _____

Address: _____

DOB: _____ Benefits ID #* _____ Email address: _____

Description of the means by which and/or location to which you want the Office of Employee Benefits to provide you with communications containing Protected Health Information: _____

Description of the medical information to which the communications method will apply (check one):

- All medical information pertaining to the individual identified above
 Other. Please specify: _____

If this restriction would affect our ability to collect or make payments in connection with your health benefits, please explain how this would be handled under the proposed restriction:

Could disclosure of medical information other than as requested endanger you?
Check one: Yes No

Signature: _____ Date: _____

If the request is signed by a legal representative of the individual:

Printed name of legal representative: _____

Representative's authority to act for the individual: _____

If signed by a legal representative of the individual, please note that we must verify that you are this individual's legal representative for purposes of filing this Request. Please enclose any documents that support this authority (Power of Attorney, Court Order, etc). As this person's representative, can you be contacted at the address, e-mail, or phone number listed above? If not, please provide your mailing address, e-mail address and phone number below:

* You can look up your UT System Benefits ID number at:
<https://utdirect.utexas.edu/nlogon/sgwww/SGPNIBID.WBX>

*Please Complete Entire Form
Attach Additional Pages as Necessary*

*NEED HELP? EMAIL Privacyofficer@utsystem.edu
Form Request for Confidentiality*

For System Use Only

Person processing request: _____

Date request received: _____

Request: Granted Denied Date individual notified: _____

Method and destination of notification: _____