

**STARK MEDICAL SPECIALTIES, INC.**

**REQUEST FOR ALTERNATIVE COMMUNICATIONS**

You have the right to request Stark Medical Specialties to communicate with you about your protected health information by alternative means or at alternative locations. The request must be made in writing by completing this form.

Stark Medical Specialties must comply with your request if it is administratively reasonable for Stark Medical Specialties to communicate with you in the manner you requested. Stark Medical Specialties will notify you in writing within thirty (30) days of receiving your request whether it will abide by your request. Stark Medical Specialties may condition your request by requiring information as to how payment will be handled and specification of an alternative address or manner of contact.

If you have questions regarding your rights or how to complete this form, please contact the Privacy Officer at (330) 837-1111.

CLIENT NAME: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER(S): HOME: \_\_\_\_\_

WORK: \_\_\_\_\_

CELL: \_\_\_\_\_

**Please specify the manner in which you request Stark Medical Specialties to communicate with you regarding your protected health information:**

\_\_\_\_\_ PHONE MESSAGE \_\_\_\_\_ FAX #: \_\_\_\_\_ \_\_\_\_\_ ANSWERING MACHINE

\_\_\_\_\_ RELATIVE: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_  
Name

\_\_\_\_\_ OTHER: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_  
Name

\_\_\_\_\_  
Client/Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Representative's Relationship to Client

*Please return this form by hand-delivering it to the Privacy Receptionist, or mailing it to the following address:*

Stark Medical Specialties, Inc.  
C/O Privacy Receptionist

2458 Lincoln Way E  
Massillon, OH 44646