



of South Central Wisconsin

not-for-profit, member-owned

ADMINISTRATIVE OFFICES

1265 John Q. Hammons Dr.
P.O. Box 44971 | Madison, WI 53744-4971
(608) 251-4156 | Fax (608) 257-3842
ghcscw.com

Request for Confidential Communications

You have the right to request that we communicate with you on a confidential basis by requesting an alternative means or alternative location to receive our communications. For instance, you may request that we will only call you at work or only send you appointment reminders at work. We will accommodate all reasonable requests.

Form with fields: Patient Last Name, Patient First Name, GHC-SCW Member ID Number (six digits), Mailing Address, Email Address, Phone Number, Consent to use email: Yes No, Consent to use MyChart: Yes No

If you wish us to contact you at an address or phone number other than your home address or home telephone, please provide the following information:

Form with fields: Name, Address to receive communications, Phone number to receive communications

Please describe in as much detail as possible any other alternative means you request GHC-SCW use in communicating with you or any other alternative location not detailed above.

Large empty text box for providing additional details.

Signature:

Date:

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Patient or Personal Representative Signature

Use one of the following options to return the form to GHC-SCW:

USPS Mail Privacy Officer 1265 John Q. Hammons Dr. Madison, WI 53717	Fax: GHC-SCW (608)662-4965	Email: privacy@ghcscw.com
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Questions or concerns may be directed to the GHC-SCW Privacy Officer at (608) 662-4899 or privacy@ghcscw.com.