



Radiology Ltd.

Radiology Ltd., PLC & RLC, LLC

ALTERNATIVE MANNER AND METHOD OF CONFIDENTIAL COMMUNICATION

Section A: Patient to complete the following information:

Date: _____

Patient Name: _____
Print

Patient Address: _____

Patient Telephone NO: _____

Request:

I hereby request to receive confidential communications from Radiology Ltd./RLC regarding my health condition; care, treatment, services, and/or payment by an alternative manner (check all that apply):

_____ At a telephone number other than my home phone.

_____ At a mailing address other than my home mailing address.
Preferred mailing address is:

_____ Other: Please specify: _____

I understand that if Radiology Ltd./RLC agrees to provide me with confidential communications regarding my health care via the above alternative manner and method, Radiology Ltd./RLC may condition his/her agreement upon the following:

- a. The receipt of information from me as to how payment for Radiology Ltd./RLC services will be handled.
- b. The specification of an alternative address or other method of contact.

Patient Signature: _____



Radiology Ltd.

Section B: Radiology Ltd./RLC to complete the following:

The above request to provide confidential communications to the resident via alternative manner and method has been reviewed by Radiology Ltd./RLC and has been:

_____ Accepted

_____ Denied (Radiology Ltd./RLC cannot reasonably accommodate the request)

Comments: _____

MRN: _____ Staff Signature: _____ Date: _____

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