Jewish Hospital & St. Mary's HealthCare

- ❑ Jewish Hospital
- ❑ JH Medical Center East
- ❑ JH Medical Center South
- ❑ JH Shelbyville
- ❑ VNA Nazareth Home Care
- ❑ Sts. Mary & Elizabeth
- ❑ Frazier Rehab Institute
- ❑ Frazier Rehab Outpatient
- ❑ JH Meade Co.
- ❑ Our Lady of Peace
- ❑ Employed Physicians

JEWISH HOSPITAL & ST. MARY'S HEALTHCARE, INC.
REQUEST FOR CONFIDENTIAL COMMUNICATION

You have the right to request to receive confidential communications from Jewish Hospital & St. Mary's HealthCare, Inc. (JHSMH), by alternative means or at an alternative location. For example, you can ask that we only contact you at work or by mail. We will accommodate reasonable requests. We also may condition this accommodation by asking you how payment will be handled or specification of an alternative address or other method of contact.

Name: _____ **Date:** _____

Street Address: _____

City, State, ZIP Code: _____

I hereby request Jewish Hospital & St. Mary's HealthCare communicate with me:

(Check one and complete necessary information)

☐ By mail at _____
Street Address City State ZIP

☐ By telephone at _____
Area Code Telephone Number

☐ Other: _____

Specify address or other method of contact for payment: _____

_____

_____

_____

Signature of Patient: _____ **Date:** _____

If patient is unable to sign, secure authorization of Legal Representative and indicate reason below:

☐ Minor ☐ Incompetent ☐ Other

Signature of Legal Representative: _____ **Date:** _____

Relationship to Patient: _____

JHSMH Representative Signature: _____ **Date:** _____

Title: _____

Please take completed form with you when your Register at a JHSMH facility.

Consent Forms