



Anchorage Middletown Fire & EMS

Request for Confidential Communications Form

Patient Name: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Date of Birth: _____

Requested Confidential Communications:

Below, please describe the manner in which you would like us to communicate PHI to you and specify what PHI you would like us to communicate in that manner. Specify dates that this request would apply during, and other details that will allow Anchorage Middletown Fire & EMS to accurately and completely fulfill your request.

Signature of Requestor: _____ ***Request Date:*** _____

Contact Information to Notify You About Our Decision Regarding Your Request:

Phone: _____ Email: _____

Requestor Information (if requestor is different from patient):

Name: _____

Relationship to Patient (parent, legal guardian, etc.): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____