

APPENDIX II

FORM 11

**REQUEST FORM, RESTRICTION ON MANNER AND METHOD OF COMMUNICATION OF
PHI**

**CLAY COUNTY
REQUEST FORM**

**RESTRICTION ON MANNER AND METHOD OF COMMUNICATION
OF PROTECTED HEALTH INFORMATION**

Name: _____ Address: _____

Social Security Number: _____

Date of Birth: _____

Date: _____

This is a request for a restriction on the manner and method of receiving confidential communications involving protected health information from Clay County ("Clay County"). Please explain the request and basis for the request: (attach additional sheets of paper if needed)

You will be notified by the Clay County Privacy Officer if your request will be granted or denied. The Clay County Privacy Officer will act on your request as soon as administratively possible.

***PLEASE NOTE** that your request is governed by federal law and may be granted or denied as determined by the Clay County Privacy Officer in accordance with such law. The Clay County Privacy Officer will notify you of its decision in writing and will provide you with reasons for a denial.

I certify that I have completed, read, and understood this Request Form.

Requestor's Signature

Printed Name

Date

Deliver this form to the Clay County Privacy Officer