Exact Care Pharmacy

Request for Confidential Communications by Alternate Means

Name of Individual	Date of Birth
Address	Telephone #

Please specify the alternative arrangements for confidential communications that you are requesting:

Please specify an alternative address or method of contact that the facility may contact you if necessary:

If payment for health care provider goods or services will be required, please specify how payment will be handled:

If the request is granted by the facility, please indicate:
The date you would like the alternative arrangements to go into effect: _____
The expiration date of the alternative arrangements (if known): _____
NOTE: Be advised that this form is only a request for alternative arrangements for confidential communications and the facility is under no obligation to grant this request. The facility will notify you at the address you designated above whether the request has been granted.

Date	Signature of Individual/Legal Representative	Legal Representative's Authority (Relationship to Individual)

You may file the completed request with the facility or mail to:

Exact Care Pharmacy
Todd Donnelly, RPh
8333 Rockside Rd
Valley View, OH 44125-6126

Office Use Only **–** Please Do Not Write In This Space		Initials	
Date Rec'd	❒ Acceptance Granted	❒ Acceptance Denied	❒ Notice Mailed to Individual