



Walgreens Privacy Office, 108 Wilmot Road, MS 3213, Deerfield, Illinois 60015
Phone: (847) 236-6518 Fax: (847) 236-0862

REQUEST FOR ALTERNATE MEANS OF COMMUNICATION

Request

I request to receive communications of protected health information from Walgreens by alternative means or at alternative locations. I understand that Walgreens will take necessary steps to accommodate reasonable requests for confidential communications.

Original Communication/Contact Information:

The information below will be used to correctly identify you for the purpose of reviewing this request for alternate means of communication.

Patient Name: _____
Date of Birth: _____
Street Address: _____
City, State, Zip _____

Telephone Number: (_) _____ E-mail Address: _____

New Communication/Contact Information:

Check the box for the communication channel you wish to change. Enter the new information on the corresponding lines.

Street Address: _____
 City, State, Zip _____
 Telephone Number: (_) _____
 E-mail Address: _____
 Other: _____

Signature

Signature: _____ Date: _____

If signed by the patient's personal representative, explain authority to act on behalf of the patient:

Note: If you are signing this form as the legal representative of the individual listed above, and are other than the parent of the minor child whose information is listed above, you must also submit documentation that establishes yourself as the legal representative. For example, a copy of a Power of Attorney that includes provisions to obtain medical information, etc.

**Mail this completed and signed form to: Walgreens Privacy Office, 108 Wilmot Road, MS 3213, Deerfield, Illinois 60015;
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