UNIVERSITY HEALTH SERVICES Tang Center

University Health Services- UC Berkeley
2222 Bancroft Way, Berkley, CA 94720
(P) 510-642-1804 (F) 510-642-1801

REQUEST FOR CONFIDENTIAL COMMUNICATION

You may use this form to request that University Health Services (UHS) contact you by a different method such as exclusively by mail or phone. If you would like to change your address, please do so by contacting the Registrar's Office. Please note, you can also update your local phone number directly on eTang.

Please return your form to the address below (in person, by mail or fax):

Health Records Department
University Health Services
2222 Bancroft way
Berkeley, CA 94720
Fax: (510)642-1801

My current information is listed below:

Current patient information		
Last Name:	First Name:	Middle Name:
DOB:	Student ID #:	Current address:
City:	State:	Zip Code:
Home Phone:	Cell Phone:	Email Address:

I <u>do not</u> want to be contacted by (mark all that apply):

☐ eTang* ☐ Phone ☐ Email** ☐ Mail

I am requesting that UHS contact me (mark all that apply):

☐ Only through eTang ☐ Only by phone _____

☐ Only by email*** _____

☐ Only by mail _____

Form edited: June 24, 2019

*****Requesting to shut off eTang communications also turns off your ability to use any eTang functionality, including online scheduling of appointments, secure messaging and ability to see labs and appointment history.

******If you wish to continue receiving e-tang secure messages, a generic email will be sent out to notify you that an eTang message has been sent to you.

*******In requesting email communications from UHS, I understand and acknowledge that all email communications sent to and from UHS are non-secure. I accept the potential risk associated with the non-secure transmission of my Personal Health Information (PHI) and other sensitive information.

If UHS agrees to my request, I understand that it may be revoked at any time if I agree in writing, or if I orally agree to revoke and my oral agreement is documented.

Name of patient or personal representative: _____

Relationship to patient (if self, enter "self"): _____

Signature: _____ Date:_____

For staff use only

☐ UHS agrees to the request for confidential communication.

☐ UHS does not agree to the request for confidential communication.

Explanation of denial or other outcome:

_____

Signature of UHS representative: _____ Date: _____

Name and title of UHS representative:

_____

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