



COOK COUNTY HEALTH

REQUEST FOR ALTERNATIVE COMMUNICATIONS

Use this form to make a request to Cook County Health (CCH) that we communicate with you by alternative means or alternative locations.

In order for CCH to respond promptly and accurately to your Request for Alternative Communications, please complete this form in its entirety.

Last Name			First Name			Middle Name		
Birth Date	Month	Day	Year	Today's Date	Month	Day	Year	
Address			City	State	Zip	Phone		
PROPOSED ALTERNATIVE COMMUNICATION								
Please describe in detail your proposed means or location for receiving communication from CCH. For instance, if you wish for us to communicate with you only at a specific address or specific phone number.								
ALTERNATIVE ADDRESS OR OTHER MEANS OF CONTACT								
Please provide an alternative address or other means of contact for how you would like us to contact you.								
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Signature of Individual				Date				
FOR PERSONAL REPRESENTATIVES OF THE INDIVIDUAL								
Name of Personal Representative				Relationship to Individual				
<i>I hereby certify that I have the legal authority under applicable law to make this request on behalf of the individual identified above.</i>								
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Signature of Personal Representative				Date				
Please return this form to this address. Or, call this number with questions: 1-877-476-1873			Ashley Huntington, JD, CHC Privacy Officer 1950 W. Polk Street, Suite 9217 Chicago, IL 60612					

Place Patient Label Here