

# Southern Indiana Rehab Hospital

A partnership of Fracture Fixation Institute, Floyd Memorial Hospital and Health Services,  
and Clark Memorial Hospital

## Request Confidential Communication

You have the right to request to receive confidential communications from Southern Indiana Rehab Hospital by alternative means or at an alternative location. For example, you can ask that we only contact you at work or by mail. We will accommodate reasonable requests. We also may condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact.

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City, State, Zip Code:** \_\_\_\_\_

I hereby request Southern Indiana Rehab Hospital to communicate with me:

*(Check one and complete necessary information)*

By mail at \_\_\_\_\_  
Street Address City State Zip

By telephone at \_\_\_\_\_  
Area Code Telephone Number

By email at \_\_\_\_\_  
e-mail Address

Specify address or other method of contact for payment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature of Patient  
or Legal Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If patient is unable to sign, secure authorization  
of Legal representative and indicate reason below:

Minor       Unable to Sign       Other

**SIRH Representative Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return completed form to:

Admissions  
Southern Indiana Rehab Hospital  
3104 Blackiston Boulevard  
New Albany IN 47150