



**Compass Oncology
HIPAA Special Request Form**

Compass Oncology will make reasonable efforts to accommodate your request but has the right to deny your request if it could affect our ability or another health care provider's ability to care for you. If we deny your request, you will be notified within 5 working days of our receipt of your request, we will provide a reason and you will have the ability to appeal. You may change your request at any time, but changes must be in writing and must be sent to the Compass Oncology Privacy Officer.

Use this form to make your special request known to Compass Oncology:

I want to allow the following family and/or friends the ability for verbal communication in person or by telephone with my health care professionals.	
I want to restrict access for the following family and/or friends to have any verbal communication in person or by telephone with my health care professionals.	
I do not want to be contacted at home. Contact me at this phone number and/or address	
I want to correct my medical records (requests to amend your medical records must be made in writing and sent to the compass Oncology Privacy Officer).	
I want to request a list of those receiving a copy of my medical records. I understand this list excludes those providing treatment, paying for my care, providing operational services for Compass Oncology, or those allowed access by law. (Request can be made only one time per year, and must be made in writing to the Compass Oncology Privacy Officer)	
A signed authorization form must be completed for written information to be released each time, please ask any Compass Oncology employee for the form.	

See the Compass Oncology Notice of Privacy Practices, also available at http://www.compassoncology.com/Uploads/PDF/Patient_History/Privacy_Practices_9.1.13.pdf

Patient Signature: _____ Date of Request: _____

Printed Name: _____ Date of Birth: _____