

South Carolina Department of Social Services
**REQUEST FOR CONFIDENTIAL COMMUNICATION
OF PROTECTED HEALTH INFORMATION**

Individual's Name: _____ Date of Birth: _____

I am requesting that the Department of Social Services use the following method to contact me or send any information regarding my protected health information.

Please contact me in this manner until further instructions from me.

Please mail information to me at:

Address: _____

Please telephone me at:

Telephone No.: _____

Other: _____

Individual's Signature

Date