

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