

ANALYTE PHYSICIANS GROUP

REQUEST FOR ALTERNATIVE COMMUNICATIONS

Use this form to make a request to APG that we communicate with your by alternative means or alternative locations.

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

Patient Name				
Birthdate		Today's Date		
Address	City	State	Zip	Phone
e-mail address				
PROPOSED ALTERNATIVE COMMUNICATION Please describe in detail your proposed means or location for receiving communication from APG.				
ALTERNATIVE ADDRESS OR OTHER MEANS OF CONTACT Please specify an alternative address or other means of contact.				
..... Signature of Patient	 Date		
FOR PERSONAL REPRESENTATIVES OF THE PATIENT				
Name of Personal Representative		Relationship to Patient		
<i>I hereby certify that I have the legal authority under applicable law to make this request on behalf of the patient identified above.</i>				
..... Signature of Personal Representative	 Date		
Please return this form to:		CHIEF COMPLIANCE OFFICER ANALYTE PHYSICIAN GROUP 328 S ST STE 770 CHICAGO IL 60661		PHONE – 855-739-4325 FAX – 312-276-8522 E-MAIL – compliance@analytephysiciansgroup.com