



Request for Restriction and/or Confidential Communications

The undersigned individual or individual’s personal representative hereby requests:

- Restriction of use and disclosure of protected health information;
- Removal of restriction of use and disclosure of protected health information; or
- Confidential communications

Individual Name _____

Date of Birth _____

Address _____

City/State/Zip _____

Telephone _____ Fax Number _____
(include area code) (include area code)

Effective Date _____

RESTRICTION/REMOVAL OF RESTRICTION

Alere is not required to agree to requests for restrictions, however, we will consider all reasonable requests.

Describe the request for a restriction or for removal of a restriction:

Name of Individual or
Personal Representative *(PLEASE PRINT)* _____

Signature of Individual or
Personal Representative _____ Date _____
(If Personal Representative, include a description of authority to act for individual)

Signature of Witness _____ Date _____

CONFIDENTIAL COMMUNICATIONS

Alternate Address _____

Alternate City/State/Zip _____

Alternate Telephone Number _____

Name of Individual or
Personal Representative *(PLEASE PRINT)* _____

Signature of Individual or
Personal Representative _____ Date _____
(If Personal Representative, include a description of authority to act for individual)

Signature of Witness _____ Date _____

Please submit this form directly to: Privacy Officer: E-mail: Alere.PrivacyOfficer@alere.com Toll-free: 866-943-6964
Fax: 913-234-4539 Alere 3200 Windy Hill Rd, Suite 350 E, Atlanta, GA 30339. If you have any questions, please contact the Privacy Officer via email at: Alere.PrivacyOfficer@alere.com

Please check appropriate Company below:

- Alere Toxicology
- Alere Home Monitoring
- eScreen
- Redwood Toxicology
- Arriva Medical