

You have the right to request alternate communications. This means you may ask the County of San Diego, Health and Human Services Agency (HHSA) to communicate with you in a specific way. For instance, you may request that HHSA contact you using unencrypted email or text message, even though sending your Protected Information this way may not be safe. By signing below, you acknowledge all risks associated with your alternate communications request and assume liability for any negative result of such communications.

CLIENT'S INFORMATION

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:
CASE NUMBER:	SSN:	DATE OF BIRTH:

HOW DO WE REACH YOU?

PHONE NUMBER:	ADDRESS:	CITY/STATE:	ZIP CODE:
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IF YOU ARE NOT THE CLIENT:

PRINT YOUR NAME:	INDICATE YOUR RELATIONSHIP TO CLIENT:
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YOU REQUEST THE FOLLOWING ALTERNATE METHOD OF COMMUNICATION:

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SIGNATURE

SIGNATURE:	DATE:
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