[Insert letterhead]

**Communication Request Acceptance**

Dear [Insert Patient name],

On [Insert date], we received your request that we communicate with you about your Protected Health Information in a specific manner. Your request was accepted and future communications from us will be communicated in a manner which conforms to your request. If you wish to terminate your request, you must inform us in writing. Please contact [Insert Covered Entity contact name and information] for the Request to Terminate Communication Accommodation Form.

If you have any questions, please call [Insert Covered Entity contact name and information]. If you would like to review our notice of privacy practices, please let us know and one will be sent to you.

Sincerely,

[Insert Covered Entity contact name and information]