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CONFIDENTIAL COMMUNICATIONS (05/12)

Under HIPPA, patients can request that their doctors and their staff take reasonable steps to ensure that communications with the patient are confidential. You have the right to request that we communicate with you in a certain way or at a certain location. For example, a patient could ask a doctor to call his/her office rather than home, and the doctor's office should comply with the request if it can reasonably be accommodated.

To request confidential communications of your "Protected Heath Information" (PHI) you must state how and where you would like to be contacted.

I wish to be contacted in the following manner (PLEASE PRINT CLEARLY)

1St Choice Phone #(_____)_____( )Home ( ) Work ( ) Cell
Appointment reminder calls are done **electronically** to this number.

Email Address _____

****If we call any of these numbers and you are not available, how may we leave detailed information: (Check as many as apply)**

( ) Answering machine/voicemail, ( ) Spouse, ( ) Parent(s), ( )Other:
Name_____ Relationship: _____

2nd Choice Phone # (_____)_____( )Home ( ) Work ( ) Cell
( ) I prefer to have the office name and number left for a call back.

( ) I authorize your office to leave a complete detailed message.

3rd Choice Phone # (_____)_____( ) Home ( ) Work ( ) Cell

( ) I prefer to have the office name and number left for a call back.

( ) I authorize your office to leave a complete detailed message.

Note: To request a CHANGE in how and where you would like to be contacted, please submit a written request to our office. The change will be implemented, within one week from the date of your request.

_____ _____
Patient/Responsible Party Signature Date

_____ _____
Patient Name Birthdate