

SONALI P. MAJMUDAR, MD
ADULT AND PEDIATRIC
ALLERGY, ASTHMA AND IMMUNOLOGY SOLUTIONS

REQUEST FOR CONFIDENTIAL COMMUNICATIONS

I, _____, hereby request the office to keep confidential, any communications regarding my protected health information (PHI). To accomplish this request, please adhere to the following:

Phone:

Home: _____

Cell: _____

Leave messages on answering machine: _____ YES _____ NO

Leave messages with any other individual: _____ YES _____ NO

Individual's name: _____ Relationship: _____

Individual's name: _____ Relationship: _____

Mail:

Written communication can be sent to me at this address:

Other request for confidential communications:

When my information is used or disclosed pursuant to this authorization, it may be subject to re-disclosure by the recipient and may no longer be protected by the Federal HIPAA Privacy Rule. I have a right to revoke this authorization in writing except to the extent that Dr. Majmudar has acted in reliance upon this authorization. My written revocation must be submitted to Dr. Majmudar.

Signature: _____ Date: _____