

## CONFIDENTIAL COMMUNICATION REQUEST FORM

You have the right to request that we communicate with you on a confidential basis by requesting an alternative means or location to receive communications. For instance, you may request that we only call you at work or only send you appointment reminders at work. We will attempt to accommodate all reasonable requests.

If you wish us to contact you at an address or phone number other than your home address or home telephone, please provide the following information:

Patient's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Patient's Medical Record Number (if known) \_\_\_\_\_

Your name (if different than above) \_\_\_\_\_

Alternate address to receive communications \_\_\_\_\_  
\_\_\_\_\_

Alternate telephone number to receive communications \_\_\_\_\_

Please describe, in as much detail as possible, any other alternative means you request we use in communicating with you.

If your request affects payment of your bills to us, please describe how payment will be handled.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

If patient representative, provide documentation or explanation of your authority to act for the patient \_\_\_\_\_

*Note we will not process any requests that are not signed by you or your representative.*