

Request Confidential Communications

Use an alternative address, phone number or email to contact me

Clinic Name _____ Date _____

Patient Name _____ Birthdate _____

Use the instruction area to further specify the request or to limit the occasions where the clinic contacts you at the alternative. (i.e. appointments, bills, test results)

Instructions _____

Alternative Address _____

City _____ State _____ ZipCode _____

Alternative Email _____

Alternative Phone _____

Internal Use Only

Received By _____ Date _____

Privacy Officer Reviewed _____ Date _____

Clinician Reviewed _____ Date _____

Comments _____
