



Request for Confidential Communications

You may request that we communicate with you at an alternative location (e.g., at work) or by an alternative means (e.g., via e-mail). To do so, you must complete this form and return it to the Physician's Office or Program. This request applies only to the health care provider's office that you indicate below. If you would like to request communications at an alternative location or by an alternative means for another health care provider office, you must complete a separate form for that office.

Please provide the following information:

Patient Name: _____

Phone Number: _____

Address: _____

Please specify the health care provider office from which you are requesting confidential communications:

Please describe the information to which this request applies (e.g., pregnancy test results).

Please describe how you would like us to communicate with you.

Signature of patient or personal representative

Date

If personal representative, authority to act on behalf of patient

Please note that this request must be given to each provider's office.