



**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 alternative location to receive our communications. For instance, you may request that we will only call you at work or only send you appointment reminders at work. We will 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:

Name\_\_\_\_\_

Address to receive communications\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 or any other alternative location not detailed above.

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

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

Signature\_\_\_\_\_

Date\_\_\_\_\_

Note we will not process any requests that are not signed by you or your representative. If patient representative, provide documentation or explanation of your authority to act for the patient: