

Request for Confidential Communication

I, _____, hereby request Suburban Ear, Nose & Throat
(Name of Patient or Authorized Agent)

Specialists, Ltd. to keep communications regarding my protected health information confidential. To accomplish this request please adhere to the following requests:

Phone: You can contact me by phone at _____
Leave messages on answering machine: ___ Yes ___ No
Leave message with any other person: ___ Yes ___ No

Mail: Contact me at the following address: _____

FAX: ___ Please do not contact me by FAX
___ Please contact me by FAX at _____

Other Requests for Confidential Communications: _____

Signed: _____ Date: _____

If you are not the patient, please specify your relationship to the patient: _____

– Patient's file