Patient Request of Confidential Communication

We must have at least one phone number to contact you as well as an alternate means of contact (email and/or regular mail). Please answer all questions and indicate all of your preferred choices.

1) Do we have permission to contact you/leave a detailed message at your home number?
   _____ YES   _____ NO
   Home phone number ___________________________

2) Do we have permission to contact you/leave a detailed message on your cell phone?
   _____ YES   _____ NO
   Cell phone number ___________________________

3) Do we have permission to mail to your home address?
   _____ YES   _____ NO

4) Do we have permission to email you?
   _____ YES   _____ NO
   Email address__________________________________________

___________________________________       _______________________
Patient Signature                          Date

___________________________________
Print Name

___________________________________
Reviewed By (HFC Staff)

In general, the HIPAA privacy rule gives individuals the right to request a restriction on uses and disclosures of protected health information (PHI). The individual is also provided the right to request confidential communication regarding health information be made by alternative means, such as sending correspondence to the individual’s office instead of corresponding by telephone.