



Request for Confidential Communication

I, _____, date of birth _____ hereby request North Lake Cardio

(Name of Patient or Authorized Agent)

to keep communications regarding my protected health information confidential. To accomplish this, 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

You can speak to a family member or

Representative who calls on my behalf ____ Yes ____ No

(If yes to leaving a message or speaking with another person, please name who we can leave a message with or receive a call from)

Name: _____ Phone #: _____ Relationship to patient: _____

Name: _____ Phone #: _____ Relationship to patient: _____

Mail: Contact me at the following address: _____

E-Mail: Contact me at the following email 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:
