

Request for Confidential Handling of Health Information

Telephone number(s) for appointment reminders/health related messages:

() _____ () _____

In the event that we need to contact you on short notice between 8AM and 5PM for unexpected schedule changes, is there a number we can call?

___ Same as above ___ Use this one: () _____

___ DO NOT LEAVE PHONE MESSAGES

(Print Name)

(Signature)

(Date)

Mailing Address for bills, health related information:

(Street Address)

(City)

(State)

(Zip Code)

(Print Name)

(Signature)

(Date)