

REQUEST FOR CONFIDENTIAL COMMUNICATION

I, _____, hereby request that Urology Specialists keep communications regarding my protected health information confidential. To accomplish this, please adhere to the following:

() You may contact me by telephone at the following numbers:

Home (_____)_____

Work (_____)_____

Cell (_____)_____

Nursing/Group Home or Assisted Living (_____)_____

() You may leave messages on my answering machine/voicemail as follows:

Home Yes/No

Work Yes/No

Cell Yes/No

() You may leave messages with/release verbal information to the following individuals:

YES/NO Name:_____

Relationship:_____

YES/NO Name:_____

Relationship:_____

YES/NO Nursing Home, Group Home or Assisted Living Staff

Patient Signature:_____ Date:_____

Patient Representative Signature:_____ Date:_____

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