

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: _____