

Date: _____

REQUEST FOR CONFIDENTIAL COMMUNICATIONS

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

You may contact me by telephone at the following numbers:

Home: _____ Message Yes/No

Work: _____ Message Yes/No

Cell: _____ Message Yes/No

What is the preferred number to be used for communication? _____

Nursing/Group Home or Assisted Living: _____

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

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Phone Number: _____ Phone Number: _____

Patient signature: _____ Date: _____

Patient Representative Signature: _____

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

I understand that a copy of the HIPPA Privacy Policy, Patient Rights pamphlet is available to me upon request.

*****Signature: _____ Date: _____**

