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REQUEST FOR CONFIDENTIAL COMMUNICATIONS

Name of Patient: _____
(Please print)

Date of Birth: _____

I request that all communications to me (by phone, mail, or otherwise) by _____ and/or its staff be handled in the following manner:

- For written communications: Address to: _____

- For oral communication: Call: _____
(telephone number)

May we leave a message?
Yes _____ No _____

Patient Signature

Date