

## REQUEST FOR CONFIDENTIAL COMMUNICATIONS

**PATIENT NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

I request that all communications to me (by telephone, mail, email, or otherwise) by Northwest Foot and Ankle, PS and/or its staff be handled in the following manner:

\* For written communications:      Address to:  Home     Other

    If other than home please provide alternative address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\* For email communications:      Email to: \_\_\_\_\_

\* For oral communications:      Call: \_\_\_\_\_

(telephone number)

May we leave a message?

Yes       No

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness (staff signature)