

Patient Request for Confidential Communication Form

I am requesting that Ann E. Stanger, MD communicate future information regarding my health care to me in the following manner.

Last name	First name	MI
------------------	-------------------	-----------

Mail invoices and statements to:

Mail results of diagnostic testing to:

I prefer to be contacted by the following method:

<input type="checkbox"/> By phone		Work/home/cell/other
<input type="checkbox"/> By email		(email address)
<input type="checkbox"/> Other		(please specify)

I ACKNOWLEDGE I HAVE RECEIVED A COPY OF THIS OFFICE'S NOTICE OF PRIVACY PRACTICES.

PATIENT SIGNATURE _____ **DATE** _____

RECEIVED BY _____ **DATE** _____