

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** _____