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Request for Confidential Communication

I, _____ hereby request North Suburban Pulmonary to keep communications regarding my protected health information confidential. To accomplish this request please adhere to the following requests:

Phone:

You can contact me by phone at: _____
Leave messages on answering machine: _____ Yes _____ No
Leave message with any other person: _____ Yes _____ No

**State names of persons to share confidential health information:

Mail:

Contact me at the following address: _____

Fax:

_____ Please do not contact me by fax
_____ Please contact me by fax at: _____

Email:

_____ Please do not contact me by email
_____ Please contact me by email at: _____

Other requests for confidential communications: _____

Signature: _____ Date: _____

Relationship (if other than patient): _____