

Patient Label

Confidential Channel of Communication

As required by HIPAA, you have a right to request that communications concerning your personal health information be made through confidential channels. Periodically, we will need to contact you to remind you of your appointment, or speak to you regarding any insurance/billing concerns. Please assist us in providing the proper means to contact you and if you are not available, the name(s) of those with whom we have your permission to speak regarding matter related to services at Park Place Surgical Hospital.

NOTE: This form must be updated with each date of service

Please list all telephone numbers by which we may contact you:

Home: _____

Work: _____

Cell: _____

Please list individuals to whom we may speak to other than you in regards to this visit:

Name: _____ Relationship: _____

Phone Number: _____

Name: _____ Relationship: _____

Phone Number: _____

May we leave you a voice message:

Home Phone- _____ yes _____ no

Work Phone- _____ yes _____ no

Cell Phone- _____ yes _____ no
