

[Company Name]

Request for Confidential Communication of Protected Health Information

Patient Name (Please Type or Print)

has requested confidential communication of protected health information.

1. Designated Method of Contacting the Patient

Communications with the patient named above should be directed to:

Mailing Name

Street Address

City State Zip Code

Telephone Number

2. Alternative Arrangements for Payment

Payment for services provided to the patient will be made as follows (describe payment arrangement):

