

Advanced Urology Associates of Florida, PL

REQUEST FOR CONFIDENTIAL COMMUNICATION

I, _____ hereby request Advanced Urology Associates of Florida, PL, 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: _____

() You can leave messages on answering machine: YES ____ NO ____

() You can leave message with another person: YES ____ NO ____
If yes, please state:

Name: _____

Relationship: _____

Mail: () You can contact me at the following address: _____

Fax: () You may contact me by Fax at: _____

() You may not contact me by Fax.

Other requests for confidential communications: _____

Signed: _____ Date: _____

If you are not the patient, please specify your relationship to the patient: _____