

REQUEST FOR CONFIDENTIAL COMMUNICATIONS



Patient Name Birth Date

I requested that all communications to me (by telephone, mail or otherwise) by Foot First Podiatry Centers V.P.C. / Valley Podiatry Services / Illinois Surgical Services, Inc. and/or its staff are handled in the following manner:

For written communications Address to:

.....

.....

For oral communications Call to:

.....

.....

MAY WE LEAVE A MESSAGE?

YES NO

Please List all those that have permission to access your healthcare information (eg. Spouse's name, etc.)

.....

If the address provided above is not your home address or is not a street address, please provide us with a street address for the purposes of ensuring payment:

.....

.....

Patient Signature Date

or Guarantor Signature

FOR PRACTICE USE ONLY

Practice Accepts Denies

Privacy Officer Signature Date