

DEMO HEALTHCARE REQUEST FOR CONFIDENTIAL COMMUNICATION

I, _____, hereby request Demo Healthcare to keep communications
(Name of Patient or Authorized Agent)

regarding my protected health information confidential. To accomplish this request please adhere to the following requests.

Our preferred method of communication is through our secure patient portal. Providing your email address allows us to invite you to join our portal.

Email: _____

Phone: Demo Healthcare may contact me by phone at:

Home Phone: _____ and/or Cell Phone: _____

Select one:

Yes

No

**Demo Healthcare may leave messages on answering machine
*Please note we will leave messages regarding your appointments.**

FAX: Demo Healthcare may contact me via FAX at _____

I give authorization to the doctors and staff of Demo Healthcare to discuss any of my medical and/or financial information with the following people:

Name	Relationship	Phone
(1) _____	_____	_____
(2) _____	_____	_____
(3) _____	_____	_____

I understand that the Notice of Privacy Practices is available on the practice website and at my physician's office. I acknowledge receipt of Demo Healthcare privacy policy. A paper copy is available upon request.

This request may be changed or revoked by filing a new request or revoking this one in writing.

Patient name (printed): _____ Date of birth: _____

Signed: _____ Date: _____