



Request for Confidential Communication

I, hereby request Demo Healthcare to keep communications 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 and/or Cell

Demo Healthcare may leave messages on answering machine **Yes** **No**
***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	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 Signature – Draw your signature below using a tablet, mouse or smartphone. By clicking the Submit button at the end of this form I understand and agree that this is a legal representation of my signature.

Patient Name (printed) Date of Birth Date Signed