

REQUEST FOR CONFIDENTIAL COMMUNICATIONS

Name of Patient: _____
(please print)

Date of Birth: _____

I request that all communications to me (by telephone, mail or otherwise) by

Heartland Podiatry, PC and/or its staff be handled in the following manner:

. For written communications: Address to: _____

. For Oral communications: Call: _____

(telephone number)

May we leave a message?

Yes [] No []

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

Patient Signature

Date