



Patient Request for Confidential Communication

I, _____ am requesting that Neuroscience Group communicate
 (Print Name)

future information regarding my health care to me in the following manners (check all that apply):

- **Primary Telephone** (Check one)
 - Leave a message on voicemail and/or with others regarding test results or other health related information.
 - Leave message with call back number only.
 - DO NOT SPEAK WITH ANYONE BUT MYSELF.**

- **Work Telephone** (Check one)
 - Okay to leave a message on voicemail regarding test results or other health related information.
 - Leave message with call back number only.
 - DO NOT SPEAK WITH ANYONE BUT MYSELF.**

- **Would you like to receive automated appointment reminders?** (Check one)
 - Yes
 - No

- **I have someone close to me who may contact Neuroscience Group to discuss my health status, treatment, appointments and/or payment arrangements.**

I authorize communication with the following person(s).

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Patient Signature: _____ Date of Birth: _____

Received by: _____ Date: _____