



## Patient Request for Confidential Communication

---

I, \_\_\_\_\_, am requesting that Neuroscience Group communicate 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.

• **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:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name:	Phone:	Relationship:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name:	Phone:	Relationship:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Patient Signature:

---

Date of Birth: