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HANDLING OF CONFIDENTIAL INFORMATION

Telephone:

Home Phone Number: _____
May I call you at home? Yes No
May I leave messages for you at home? Yes No

Cell Phone Number: _____
May I call you on your cell? Yes No
May I leave messages for you on your cell? Yes No

Work Phone Number: _____
May I call you at work? Yes No
May I leave messages for you at work? Yes No

Written Communication:

Home Address:

_____
_____

May I send mail to your home address? Yes No*
*If no, please provide the address you would like me to use for mail:

_____
_____

Electronic Communication:

I cannot guarantee confidentiality with electronic communication. It is important that you understand that the nature of the Internet is that any emails you send or receive may also be intercepted by other people.

May I communicate with you via email? Yes No

If yes, please provide an email address: _____

Are there any restrictions for email? Yes* No
*If yes, please describe:

_____
_____

Other Requests:

All reasonable requests to receive communication of your health information by alternative means will be granted. Please describe any additional means of communication by which you prefer to receive your health information.

_____

_____ _____
Signature **Date**

_____ _____
Print Patient Name **Patient's Date of Birth**