

Request for Confidential Communication

I, _____, hereby request The Medical Group of Kankakee County to keep communications regarding my protected health information confidential. To accomplish this request, please adhere to the following requests:

PHONE: Contact me by phone at _____

Leave messages on answering machine: YES or NO

Leave message with any other person: YES or NO

If YES, with whom? _____

Discuss your health issues with any other person: YES or NO

If YES, with whom? _____

MAIL: Contact me at the following address _____

E-MAIL: Contact me at the following email address _____

FAX: Contact me by fax at _____

Other requests for confidential communication: _____

PHARMACY: TMG may check my medication history at my pharmacies Yes No

Signed _____ Date _____

If you are not the patient, please specify relationship to patient. _____