

CONFIDENTIAL COMMUNICATIONS REQUEST

Name of Patient: _____
(Please Print)

Date of Birth: _____

I request that all communications to me (by telephone, mail or otherwise) by **Hill and Associates, 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:

I agree to notify Hill and Associates, PC of any changes to the above information.

Patient Signature

Date