

Surgery Group, S.C.

Request for Confidential Communication

I, (Name of Patient) _____ hereby request Surgery Group, S.C. keep communications regarding my protected health information confidential. To accomplish this, please adhere to the following requests:

- You may release my protected health information to the following persons:

Printed Name: _____ Relationship: _____

Printed Name: _____ Relationship: _____

- In case of emergency, you may contact:

Printed Name: _____ Relationship: _____

Phone Number(s): _____

What phone number do you prefer to be contacted on? _____

May we leave messages containing medical information at this number? YES NO

Signed: _____ Date: _____

If the patient is a minor:

Parent/guardian Signature: _____ Date: _____