

REQUEST FOR CONFIDENTIAL COMMUNICATIONS

Name of Patient: _____
(please print)

Date of Birth: _____

I request that all communications to me (by telephone, mail or otherwise) by American Foot & Leg Specialists, P.C. and/or its staff be handled in the following manner:

• For written communications: Address to: _____

• For email communications: Email: _____

• For oral communications: Call: _____

Home Cell Work

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:

Patient Signature

Date

For Practice Use Only

Practice: Accepts Denies

Privacy Officer Signature: _____

Date: _____