

SPECTRUM

Prosthetics and Orthotics, Inc.
2135 Pine St. Redding, CA 96001
Phone: 530-243-4500 Fax: 530-243-4554

CONFIDENTIAL COMMUNICATION:

PATIENT'S FIRST NAME	MI	LAST NAME	BIRTHDATE
			/ / / /

If you are not the patient, please complete this section:

Relationship to patient: SPOUSE CHILD OTHER: _____

FIRST NAME	MI	LAST NAME	RELATIONSHIP

RESTRICTIONS REQUEST PLEASE LIST ANYONE WHOM YOU WISH WE DO NOT SPEAK WITH:

May we contact you at:

Home _____ Yes _____ No

Work _____ Yes _____ No

Cell _____ Yes _____ No

May we leave a message on your home answering machine? Yes No

I UNDERSTAND THAT I MUST PROVIDE THIS PRACTICE WITH ALTERNATIVE COMMUNICATION MEASURES IN ORDER TO FULFILL THIS REQUEST IN ORDER TO RECEIVE PATIENT STATEMENTS, FOLLOW-UP APPOINTMENT REMINDERS, AND ANY OTHER COMMUNICATIONS NECESSARY FOR THIS PRACTICE TO PROVIDE QUALITY PATIENT CARE AND CUSTOMER SERVICE. I FURTHER UNDERSTAND THAT IN AN EMERGENCY SITUATION, MY PROTECTED HEALTH INFORMATION MAY BE REVOKED.

Patient's Signature

Date

Patient's Chart
Patient