



3925 75<sup>th</sup> Street, Suite 105  
Aurora, IL 60504  
PHONE # 630-978-PEDS (7337)  
FAX # 630-978-1341

**PATIENT REQUEST TO RECEIVE CONFIDENTIAL  
COMMUNICATIONS OF PROTECTED HEALTH INFORMATION**

YOU MAY REQUEST THAT WE COMMUNICATE CONFIDENTIAL HEALTH  
INFORMATION TO YOU BY ALTERNATE MEANS OR IN ALTERNATE  
LOCATION.

PLEASE INDICATE YOUR REQUEST REGARDING OUR COMMUNICATION OF  
PROTECTED HEALTH INFORMATION TO:

HOME# \_\_\_\_\_

- \_\_\_\_\_ OK TO LEAVE MESSAGE WITH DETAILED INFORMATION.  
\_\_\_\_\_ LEAVE MESSAGE WITH CALL BACK NUMBER ONLY.  
\_\_\_\_\_ PLEASE DO NOT LEAVE MESSAGES AT MY HOME NUMBER.

WORK# \_\_\_\_\_

- \_\_\_\_\_ OK TO LEAVE MESSAGE WITH DETAILED INFORMATION.  
\_\_\_\_\_ LEAVE MESSAGE WITH CALL BACK NUMBER ONLY.  
\_\_\_\_\_ PLEASE DO NOT LEAVE MESSAGES AT MY WORK NUMBER.

WRITTEN COMMUNICATIONS \_\_\_\_\_

- \_\_\_\_\_ OK TO SEND CONFIDENTIAL COMMUNICATIONS TO MY HOME ADDRESS.  
\_\_\_\_\_ OK TO FAX CONFIDENTIAL COMMUNICATIONS TO THIS # \_\_\_\_\_  
\_\_\_\_\_ PLEASE DO NOT SEND CONFIDENTIAL COMMUNICATIONS TO MY HOME  
ADDRESS.

\_\_\_\_\_  
(Signature of Responsible Party)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(PRINT NAME)