

PULMONARY AND CRITICAL CARE ASSOCIATES OF BALTIMORE, P.A.

Request for Confidential Communication

I, _____, hereby request Pulmonary and Critical Care Associates, PA to send and/or make all communications of my protected health information confidential.

Designated Method of Contacting the Patient

Communications with the patient named above should be directed to:

NAME: _____

ADDRESS: _____

TELEPHONE: _____ FAX#: _____

For Office Use Only: **Office Location:** _____

_____ Agrees to Patient's Request for Confidential Communications.

_____ Does not agree to Patient's Request for Confidential Communications.

COMMENTS:

Signature of Patient _____ Date _____

D.O.B _____