



**Patient Request for Confidential
Communication Form**

I, _____ (_____) am
(Print Name) date of birth
requesting that Prairie Clinic SC communicate future information regarding my health care to
me in the following manner:

Mail invoices or statements to:

Mail results of diagnostic testing or future appointment reminders to:

I prefer to be contacted:

- By phone: _____ Circle one: Home Work Other
(Area Code + Telephone Number)
- By email: _____
(Email Address)
- Other method (please specify): _____

Patient Signature: _____ Date: _____

Received by: _____ Date: _____
Privacy Officer / Deputy Privacy Officer