

**Head to Toe Health & Wellness**

117 West Main Street

Peotone, IL 60468

(708) 258-9600

www.peotonewellness.com

**REQUEST FOR CONFIDENTIAL COMMUNICATION**

We may have a need to communicate **detailed and potentially sensitive information** to you. If you are uncomfortable with us leaving protected, detailed information with another person or on your answering machine, please let us know on this form.

Name \_\_\_\_\_

**PHONE:** You may contact me via my home and/or cell phone at:

Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Yes  You may leave a detailed message on my answering machine

No  Do not leave a detailed message on my answering machine

Yes  You may leave a detailed message on my cell phone

No  Do not leave a detailed message on my cell phone

Yes  You may leave a detailed message with another person

No  Do not leave a detailed message with another person

If Yes, who? \_\_\_\_\_

Relationship? \_\_\_\_\_

Phone number, if different? \_\_\_\_\_

Yes  You may contact me at work

No  Do not contact me at work

Yes  You may leave a detailed message for me on my work voice mail

No  Do not leave a detailed message for me on my work voice mail

**MAIL:** Send correspondence to my home address unless otherwise indicated here:

\_\_\_\_\_

Other requests for confidential communications:

\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

If you are not the patient, please specify your relationship to the patient: \_\_\_\_\_