PATIENT REQUEST FOR CONFIDENTIAL COMMUNICATIONS

We, Dr. Robert Drago, assume that we may contact you by telephone at your home and at your work, and in writing at your home, unless you instruct us otherwise.

Under HIPAA, you have the right to request that communications with you be confidential and by means of your selection. We will approve your request if in our opinion it is reasonable. Once we agree to your request, we are obligated to honor it, except if an emergency arises.

I wish to be contacted as follows (check all that apply):

☐ At my home telephone number: ____________________
- ___ You can leave messages with detailed information
- ___ Leave message with a call-back number only
- ___ Call only at specified times of day: ____________________

☐ At my work telephone number: ____________________
- ___ You can leave messages with detailed information
- ___ Leave message with call-back number only
- ___ Call only at specified times of day: ____________________

☐ At my cell phone number: ____________________
- ___ You can leave messages with detailed information
- ___ Leave message with call-back number only
- ___ Call only at specified times of day: ____________________

☐ In writing at:
- ___ My home address
- ___ My work address
- ___ My fax number(s): ____________________
- ___ My email address: ____________________

☐ Other (specify): Include email address here:

If any means of contacting you will place you in danger, please specify: ____________________

____________________ Signature of Patient

____________________ Date

____________________ Print Name

Approved:

Robert Drago CW

Signature of Healthcare Practitioner

____________________ Date

Robert Drago, Ph.D.

Print Name