



### Patient's Preferred Method of Communication

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
DOB

In general, the HIPPA privacy rule gives individuals the right to request a restriction on uses and disclosures of their protected health information (PHI). The individual is also provided the right to request confidential communications or that a communication of PHI be made by alternative means, such as sending correspondence to the individual's home. Catalina Pointe Arthritis & Rheumatology Specialists, PC will make a reasonable attempt to communicate with patient according to the patient's request indicated below.

**I wish to be contacted by Catalina Pointe Arthritis & Rheumatology Specialists, PC in the following manner (check all that apply):**

Verbal Communication

**Home telephone:**

- ☐ Leave a message on answering machine with detailed information
- ☐ Leave message with callback number only
- ☐ I give permission to Leave a message with person listed below

Written Communication

- ☐ Mail to my home address
- ☐ Mail to my work/office address
- ☐ Fax to this number \_\_\_\_\_
- ☐ Send email at this address: \_\_\_\_\_

**Work telephone**

- ☐ Leave message on answering machine with detailed information
- ☐ Leave message with callback number only

- ☐ **Other** \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

\_\_\_\_\_  
Patient Signature (or authorized representative)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name and relationship,  
if signed by other than patient

\_\_\_\_\_  
Birthdate