



CONFIDENTIAL COMMUNICATION & INFORMATION UPDATE

I, \_\_\_\_\_, hereby request Family Health Center of Plainfield, LTD to keep, communication regarding any confidential health information and office updates. To accomplish this request, please adhere to the following request:

Phone You can contact me by phone at (\_\_\_\_\_)\_\_\_\_\_

Leave detailed messages on answering machine and/or voice mail?

YES NO

\*detailed messages include Labs results and/or Diagnostic Imaging (x-ray), and may also include Appointment Time or any other information to best serve you.

Leave detailed information with any other person? YES NO

Name of persons authorized to receive information-

Cell phone number to receive text messages? YES NO

(\_\_\_\_)\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

We Will not disclose any information to anyone, including family members without written permission of the patient unless required by law.

Printed Name: \_\_\_\_\_

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

Signature: \_\_\_\_\_