



LivingWell Primary Care
...We Focus on Prevention

Rochelle L. Collins, DO
Board Certified Family Physician
701 Cottage Grove Road, Suite B10, Bloomfield, CT 06002
Phone: (860) 243-3315 Fax: (860) 243-3820
Email: info@livingwellprimarycare.com Website: www.LivingWellPrimaryCare.com

Confidential Communication Request

*As requested by the Health Insurance Portability and Accountability Act of 1996, you have the right to request that communications concerning your personal health information be made through confidential channels. The medical practice will not ask why you are making your request, and will make reasonable efforts to accommodate requests. **Some method of contact MUST be provided.** This medical practice will respond to your written request within 14 days after receiving this request. **PLEASE COMPLETE ENTIRE FORM.***

Patient's Date of Birth: _____ Social Security Number: _____

Maiden or Other Name: _____ Email Address: _____

Home Address: _____

Effective date or dates for service for confidential communications. If no date is entered; this form will be valid for one year.

From: _____ Thru: _____ Date of Service: _____

Please select all that apply: (Please input telephone numbers):

- Home: _____ A message can be left or voicemail or with (name) _____
- Work: _____ A message can be left or voicemail or with (name) _____
- Cell: _____ A message can be left or voicemail or with (name) _____

Authorized Person(s): List name(s) and relationship of authorized person with whom we may discuss your protected health information

Name: _____ Relationship: Spouse Family member
 Parent Personal Representative

Patient Signature (Patient's Representative, if minor) _____
Date

Print Name

For Office Use Only:
Above information was reviewed: Date: _____ Initials: _____