

Confidential Channel Communication Request

Name of Practice: Pries Dental Care
Street Address: 4110 Moorpark Avenue
City, State and Zip Code: Ste. C
San Jose, CA 95117

Privacy Officer and Phone Number: Kostantinos Pries, DDS 408.260.0200

As required by the Health Information Portability and Accountability Act of 1996 you have a right to request that communications concerning your personal health information be made through confidential channels. This medical practice will not ask you why you are making your request, and will make reasonable efforts to accommodate all reasonable requests. Some method of contact must be provided, and as appropriate, information as to how payment will be handled

I hereby request the use of the following confidential channels for the communication of information related to the personal health, treatment or payment for treatment of _____ (print patient name). **This request supercedes any prior request for confidential channel communications I may have made.**

Please select all that apply. Where you list more than one communication option, please indicate which you prefer.

Phone

I want you to contact me by telephone at Home: _____

- Do Do not leave messages on my answering machine.
- Do Do not leave messages with any other person.

Please list names: _____

Mobile: _____

- Do Do not send text message reminders and messages.
- Do Do not leave messages on my voicemail.

Mail

I want you to contact me at the following address:

E-mail

I want you to contact me at the following e-mail address:

Fax

I want you to contact me at the following fax number:

Other

Signed: _____ Date: _____

Print Name: _____

If not signed by the patient, please indicate relationship:

- parent or guardian of minor patient
- guardian or conservator of an incompetent patient
- beneficiary or personal representative of deceased patient

For office use only:

Date Granted: _____

Date Terminated or Modified: _____