

**Confidential Communications – Alternative Contact Information**

**This information should be placed in a prominent location in the record to remind staff to use alternative addresses and/or phone numbers.**

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

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

Address Where We Can Send Information including E-mail address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Phone Numbers: Okay to call? Okay to leave a message?

Cellular:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Y N Y N

Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Y N Y N

Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Y N Y N

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Y N Y N

**Print Name**

**Signature of Patient or Personal Representative Date**

Relationship of Personal Representative to the Patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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