Emerald Pediatrics

Request for Confidential Telephone Communications

Patient Name	DOB
I hereby request to receive confidential telephone comn	nunications from the practice in the following manner.
Phone number(s) where I wish to be contacted:	
	ny voicemail or answering machine (lab or test results, information about n regarding follow up with a specialist): Yes No
You may communicate my protected health information	with a family member (other than me or my spouse): Yes No_
If yes, please list family member(s):	
Signature of the Patient / Parent	
	nmunicate sensitive health information only to the patient/parent.
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Cm Request for Con	erald Dediatrics
Croc Request for Con Patient Name	ERALD DEDIATRICS
CDC Request for Con Patient Name I hereby request to receive confidential telephone comn	ERALD DEDIATRICS
CDC Request for Con Patient Name I hereby request to receive confidential telephone comn Phone number(s) where I wish to be contacted: You may leave limited protected health information on r	ERALD DEDIATRICS If idential Telephone Communications DOB nunications from the practice in the following manner.
CDC Request for Con Patient Name I hereby request to receive confidential telephone comn Phone number(s) where I wish to be contacted: You may leave limited protected health information on r scheduling or prep for a test or procedure or information	ERALD DEDIATRICS Ifidential Telephone Communications DOB nunications from the practice in the following manner. nunications from the practice in the following manner.
CDC Request for Con Patient Name I hereby request to receive confidential telephone comm Phone number(s) where I wish to be contacted: You may leave limited protected health information on r scheduling or prep for a test or procedure or information You may communicate my protected health information If yes, please list family member(s):	ERALD DEDIATRICS Infidential Telephone Communications DOB

*Note: Emerald Pediatrics reserves the right to communicate sensitive health information only to the patient/parent.