



REQUEST FOR SPECIAL CONFIDENTIAL COMMUNICATIONS PROCEDURES

PATIENT NAME: _____

I hereby request from AllianceHealth Group, LLC that all written communications be mailed only to the following address:

I hereby request from AllianceHealth Group, LLC that all telephone calls placed to me only be placed to the following phone number:

() I hereby request from AllianceHealth Group, LLC that no voice mail messages be left or any other telephone listings related to me

Patient's or Legal Guardian's Signature

Patient's Date of Birth

For use by COMPLIANCE OFFICE Only

Practice: _____ Accepts _____ Denies

Signature of Compliance Officer: _____

Date Signed: _____