

MIDWEST MINIMALLY INVASIVE SPINE SPECIALISTS, S.C.

CONFIDENTIAL COMMUNICATIONS REQUEST

Midwest Minimally Invasive Spine Specialists, S.C., has a legal, ethical, and moral obligation to protect the confidentiality of our patients. In compliance with HIPAA Privacy Rule, patients have the right to receive their confidential Protected Health Information. Please assist us by checking the method(s) in which you would like to have your PHI communicated to you.

I, _____ (print name) hereby request the use of confidential communications of information related to my personal health or payment for treatment may be done in the following manner:

- May leave message on answering machine/voice mail. Ph# _____
- May leave message on cell phone. Cell Phone # _____
- May be given to family member.
- May be given to friend or significant other

Note: Please list Name(s) of who may accept your personal health information.

During hospitalization or post-surgery, my personal health information may be communicated in the following manner:

- With my Spouse _____
- With my Parents _____
- With my Children _____
- With my Friend(s) _____
- With my Family _____

- Except in cases of emergency and in accordance with HIPAA compliance, you may revoke or change this at your discretion.

Signature

Date