

**CONFIDENTIAL COMMUNICATIONS/
ALTERNATIVE CONTACT INFORMATION**

(In the event you do not wish to be contacted at home or on the job)

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: _____

Patient ID. No: _____

Provider Name: _____

Account No: _____

Requested Accommodations:

Address where we can send information: