

**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: