



Elite Cardiac & Vascular Care

REQUEST FOR CONFIDENTIAL COMMUNICATIONS

YOUR RIGHTS

You have a right to request that communications concerning your personal health information be made through confidential channels. SEPIDEH KAZEMI MD will not ask you why you are making the request. Reasonable efforts to accommodate your request will be made subject to some restrictions.

- Request cannot impede treatment, payment or day-to-day functioning of the practice.
- Request cannot limit SEPIDEH KAZEMI MD's ability to submit claims to a patient's health plan.
- Request must allow SEPIDEH KAZEMI MD to identify itself and the patient.

DESIGNATED METHOD OF CONTACTING THE PATIENT

I, _____, hereby request that SEPIDEH KAZEMI MD contact me using the following confidential channel(s) of communication related to my appointment reminders, personal health, treatment or payment for treatment. Account balance statements will continue to be mailed to your mailing address. This request supercedes any prior request for confidential channel(s) of communications that I may have made.

Include only those channels of communication that you want SEPIDEH KAZEMI MD to use.

Confidential Address: _____

Home: _____ Leave Message: Yes No

Cell: _____ Leave Message: Yes No

Work: _____ Leave Message: Yes No

Other: _____ Leave Message: Yes No

Email: _____

Person(s) Specifically Authorized to Receive Communications (Beside the Patient):

Person(s) Specifically Authorized NOT to Receive Communications:

SIGNATURE

Patient Name (Print)

Patient or Representative's Signature

Date

If Representative, Relation to Patient
