EAR-Central, PLLC

4524 E. Hereford Road, Hereford, AZ 85615 / 877-508-1180 (Phone/Fax) / mowebb.earc@gmail.com

PROTOCOL FOR CONFIDENTIAL COMMUNICATIONS REGARDING PROTECTED HEALTH INFORMATION (PHI)

I request that EAR-Central, PLLC communicate with me confidentially about my Protected Health Information (PHI) in the following manner:

(Please complete only the sections that apply to your request. Please include the area code and phone numbers and/or the full address of the location where we may contact you. We will accommodate all reasonable requests. If you cannot be reached at the designated contacts you specify, EAR-Central, PLLC may use other means to contact you for outstanding payments.)

Address where you can contact me: _____ _____ _____	
Phone number where you can contact me during the day:	Leaving voice mails permitted? ☐ YES ☐ NO
Phone number where you may contact me after regular business hours:	Leavingvoice mails permitted? ☐ YES ☐ NO
Fax number where you can contact me:	
Email Address where you can contact me _____	
PERSONS WITH WHOM YOU MAY ☐ DISCUSS MY PHI ☐ LEAVE MESSAGES FOR ME	(**PLEASE LIST NAME AND RELATIONSHIP**)
☐ DISCUSS MY PHI ☐ LEAVE MESSAGES FOR ME	
☐ DISCUSS MY PHI ☐ LEAVE MESSAGES FOR ME	
☐ DISCUSS MY PHI ☐ LEAVE MESSAGES FOR ME	
☐ DISCUSS MY PHI ☐ LEAVE MESSAGES FOR ME	
☐ DISCUSS MY PHI ☐ LEAVE MESSAGES FOR ME	

_____
Patient Printed Name

_____ _____
Patient/Patient Representative Signature Date

If Patient Representative, Relationship to Patient _____