2630 Cunningham Ave Joplin, Missouri 64804

Phone: 417-782-7500 Fax: 417-782-7500 Fourstatesfootclinic.com

## **Confidential Channel Communication Request**

request that communication	ation concerning your personal	Accountability Act of 1996 you have health information be made through commodate all reasonable requests.	h confidential	
I,hereby request the use	(print p	natient name) DOB:	ated to my	
treatment, personal hea	lth, and/or payment for treatment l communication methods to be		-	
(1)Name of Person	Address	Phone Number	Relationship	
	2-14-0-2-1		,	
(2)Name of Person	Address	Phone Number	Relationship	
(3)Name of Person	Address	Phone Number	Relationship	
Traine of Leason	11001000	Thomas Number	T.C. Marie T. Marie T	
This authorization:				
☐ is in effect on		<u></u>		
☐ is effective from	to			
☐ is effective until revo	ked by me in writing.			
I reserve the right to re-	voke this authorization at any tir	ne by writing to the above named I	physician.	
Print Guardian Name		Date	Date	
Patient or Guardian Sig	nature			
Staff Member Proces	sing Request:			
	anno anno anno anno anno anno anno anno	,		
		-		
Date	Initials	Date	Initials	