

Request for Confidential Communications

Neurology Associates, Inc.
1034 S. Brentwood Blvd., Ste 754
St. Louis, MO 63117
ph: (314) 725-2010 fax: (314) 725-0709

Patient Name

Patient Phone Number

Patient Birthdate

Patient SSN

Please provide the alternative method for which you wish to be contacted by our office. You do NOT need to explain the reason for your request.

Neurology Associates, Inc. will accept all requests for confidential communications, but we will only grant those requests which we can reasonably accommodate. In addition, we may require you to specify how payment (if any) will be handled and an alternative address or other method of contact before we grant your request for confidential communications.

Signature of Patient or Legal Representative

Date

-----**FOR OFFICE USE ONLY**-----

Date received: _____

Request for Confidential Communications has been:

- Accepted.
- Denied. This request cannot be reasonably accommodated by Neurology Associates.

Additional Comments: _____

Signature of Privacy Officer

Date