

Midwest Allergy Inc

1425 N McLean Blvd - Ste 100
Elgin, IL 60123
(847) 931-1999

10001 W. Roosevelt Rd. - Ste 304
Westchester, IL 60154
(708) 344-3550

7808 College Drive
Palos Heights, IL 60643
(708) 361-0730

REQUEST FOR CONFIDENTIAL COMMUNICATION

The HIPPA privacy rule gives individuals the right to request a restriction on uses and disclosures of their protected health information. The individual is also provided the right to request confidential communications or that a communications of protected health information be made my alternative means, such as sending correspondence to the individual's office instead of the individual's home.

Name: _____ **DOB:** ____/____/____
(please print)

I wish to be contacted by the staff at Midwest Allergy Inc in the following manner (check all that apply):

- Home Telephone: (____) _____ - _____
 - OK to leave message with detailed information.
 - Leave message with call-back number only.

- Work Telephone: (____) _____ - _____
 - OK to leave message with detailed information
 - Leave message with call back number only.

- Other Telephone: (____) _____ - _____
 - OK to leave message with detailed information
 - Leave message with call back number only.

- Written Communication:
 - OK to mail information to my home address.
 - OK to mail information to my office/work address.
 - OK to fax to this number: (____) _____ - _____

- Results/information can be given to the following individual(s):
 - _____ Relation to patient: _____
 - _____ Relation to patient: _____
 - _____ Relation to patient: _____

- E-mail address: _____

- Other (please specify): _____

Patient Signature: _____ Date: ____/____/____

Signature of patient guardian/representative: _____

Relationship to patient: _____ Date: ____/____/____