



## Request for Confidential Communication

I, \_\_\_\_\_, hereby request  
*Name of Patient* / *Date of Birth*

Cancer Care Specialists of Illinois to keep communications regarding my protected health information confidential. To accomplish this request please adhere to the following requests:

**Phone:** CCSI can contact me by phone: YES NO  
 Leave message on answering machine: YES NO  
 Leave message with any other person: YES NO

**Email:** CCSI can contact me through email: YES NO  
 Email address: \_\_\_\_\_

**Mail:** CCSI can contact me at the address on file: YES NO  
 For change of address or special request, please write below:  
 \_\_\_\_\_  
 \_\_\_\_\_

**Contacts:** Please list any Family/Personal Contacts that CCSI has permission to communicate with:

Name	Relationship	Phone Number

**Other Requests for Communications:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**I request the following restrictions:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*If you are not the patient, please specify your relationship to the patient:* \_\_\_\_\_