

**Theodore V. Benderev, M.D.**  
**Kym A. Kanaly, M.D.**  
**Patricia A. Wallace, M.D.**

**CONFIDENTIAL COMMUNICATION REQUEST**

I, \_\_\_\_\_ (print name) hereby request the use of the following confidential channels for the communication of information related to my personal health, treatment or payment for treatment. **This request supercedes any prior request I may have made for confidential channel communications.**

Please answer the following two questions by selecting **YES** or **NO**. If you choose to have us leave messages for you, please note those numbers below.

**PHONE MESSAGES AND DETAILED INFORMATION**

I authorize Drs. Benderev, Kanaly, Wallace and its agents to leave a voice message regarding non-clinical and clinical information at this number:

**YES** or  **NO**                      Phone #: \_\_\_\_\_.

An example of clinical information would be lab or x-ray results, etc. An example of non-clinical information would be appointment reminders.

I authorize Drs. Benderev, Kanaly, Wallace and its agents to leave a non-clinical message only at this number:

**YES** or  **NO**                      Phone #: \_\_\_\_\_.

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

Print Name: \_\_\_\_\_

**PLEASE COMPLETE REVERSE SIDE**