



Northwest Wellness Center

Request for Confidential Communication

I, _____, hereby request Rehabilitation Associates of the Midwest, S.C. dba Northwest Wellness Center to keep communications regarding my protected health information confidential. To accomplish this request, please adhere to the following requests:

Text: May we text you with messages/appointment reminders _____ Yes _____ No
(message and data rates may apply.)
You can text me using phone number _____

Phone: You can contact me by phone at _____
Leave messages /appointment reminders on answering machine ___ Yes ___ No
Leave messages /appointment reminders with another person ___ Yes ___ No
Name of person _____

Mail: Contact me at the address provided:

Email: Contact me via email at _____@_____

Fax: ___ Please contact me by FAX at _____
___ Please do not contact me by FAX

Other Requests for Confidential Communications:

Signed: _____ Date: _____

Please print name

If you are not the patient, please specify your relationship to the patient: _____