



REQUEST FOR CONFIDENTIAL COMMUNICATION

I, _____, hereby request Ear, Nose & Throat Specialists of
(Name of Patient or Authorized Agent)
Illinois, Ltd. to keep communications regarding my protected health information confidential.

To accomplish this, please adhere to the following requests:

Phone: You can contact me by phone at, _____

Leave messages on answering machine: Yes No

Leave message with any other person: Yes No

Mail: Contact me at the following address: _____

Other requests for confidential communications (including additional people we may speak to other than yourself):

Signed: _____ Date: _____

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

(Rev 6/23)

P: (847) 674-5585 | ENTIllinois.com