



# MIDWEST

EAR, NOSE & THROAT SPECIALISTS

Acct # \_\_\_\_\_

## Request for Confidential Handling of Health Information

I, \_\_\_\_\_ (print name), request confidential handling of correspondence regarding my health information for the period:

FROM: **Midwest Ear, Nose & Throat Specialists**

TO: \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_ Relationship: \_\_\_\_\_

This request applies to health information involving: (Please circle all that apply).

**Speak with the Physician**

**Speak with a Nurse**

**Speak with Scheduling/Receptionist**

**Speak with the Business Office**

**Request Medical Records**

I have selected to receive confidential communications in the following way:

\_\_\_\_\_ Patient's family member/members listed above will call the providers office.

\_\_\_\_\_ Patient will pick up communications at the provider's office.

\_\_\_\_\_ Patient will receive any information at an alternate mailing address.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

Please use the following mailing address for all health information communications that fit in the description provided above.

PRINT MAILING ADDRESS:

\_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

If you have any questions concerning this confidential handling, please contact:

Tony Benusa - (651) 632-9702