



ConwayUrology

www.conwayurology.com
conwayurology@conwaycorp.net

D. Craig Shirley, M.D.
James H. France, Jr. M.D., F.A.C.S.
Jeffrey B. Marotte, M.D., F.A.C.S.
Shawn Brewer, A.P.N.

**PATIENT PROTECTED HEALTH INFORMATION
CONFIDENTIAL COMMUNICATION REQUEST FORM**

I, _____ (Name of Patient), hereby request that when the clinic communicates my Protected Health Information with me, it be done in a confidential manner. The following are the reasonable accommodations I request of the clinic if it needs to communicate with me:

If the clinic needs to contact me, please contact me as follows:

Primary _____

Secondary _____

Other _____

Do we have permission to leave a voice mail message? ()Yes ()No

Patient/Personal Representative

Date

* Cannot be denied unless the requested accommodations made are unreasonable