

## Request for Confidential Communication

I, \_\_\_\_\_, hereby request The Medical Group of Kankakee County (TMG) to keep communications regarding my protected health information confidential. To accomplish this request please adhere to the following requests:

**Phone:** You can contact me by phone at \_\_\_\_\_  
Leave messages on answering machine/voice mail: Yes Or No  
Leave message with any other person: Yes Or No  
If YES, with whom? \_\_\_\_\_

Discuss your health issues with any other person: Yes Or No  
If YES, with whom? \_\_\_\_\_

**Mail:** Contact me at the following address: \_\_\_\_\_  
\_\_\_\_\_

**FAX:** \_\_\_ Please do not contact me by FAX  
\_\_\_ Please contact me by FAX at \_\_\_\_\_

**Other Requests for Confidential Communications:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PHARMACY:** TMG may check my medication history at my pharmacies: YES Or NO

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

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

This request may be changed or revoked by filing a new request or revoking this one in writing.