

Fullerton Orthopaedic Surgery Medical Group, Inc.

Request for Confidential Communication of Protected Health Information
(If we are unable to contact you, who may we release medical information to?)

Patient Name (Please Type or Print)

Alternate Phone Number Patient Can Be Reached At: _____

Can we call and/or leave a message for you at work? Yes No

Designated Method of Contacting the Patient

Communications with the patient named above should be directed to:

Name

Name

Relationship to Patient

Relationship To Patient

Street Address

Street Address

City, State, Zip Code

City, State, Zip Code

Telephone Number

Telephone Number

Alternative Arrangements for Payment

Payment for services provided to the patient will be made as follows
(describe payment arrangement):

**If you would like a copy of our "Privacy Practice" please ask the Front Desk
Thank You**