



Charles A. Amenta III, MD
Homewood **ENT** & Hearing Center
Ear, Nose, & Throat Care. Hearing Aids & Tests.

CONFIDENTIAL COMMUNICATION REQUEST

Patient Name: _____

Patient Date of Birth: _____

As required by the Health Insurance Portability and Accountability Act of 1996, you have a right to request that communications concerning your personal health information be made through confidential channels.

****Would you like to give our office permission to speak with anyone other than yourself
(such as a family member, friend or facility) regarding your medical information? ☐ YES or ☐ NO**

IF YES, PLEASE LIST BELOW:

Name: _____

Relationship: _____

Telephone #: _____

Signature: _____

Print Name: _____

Today's Date: _____

If not signed by the patient, please indicate the relationship to the patient: _____