

**Central Carolina Surgery, P. A.
1002 N. Church St., Suite 302
Greensboro, NC 27401
336 387-8100**

**REQUEST FOR CONFIDENTIAL COMMUNICATION
OF
PROTECTED HEALTH INFORMATION**

SS# _____

Patient Name (print)

has requested confidential communication of protected health information.

DESIGNATED METHOD OF CONTACTING THE PATIENT

Communications with the patient named above should be directed to:

Mailing Name (print)

Street Address (print)

City (print)

State

Zip Code

Telephone Number

Patient's Signature

Date