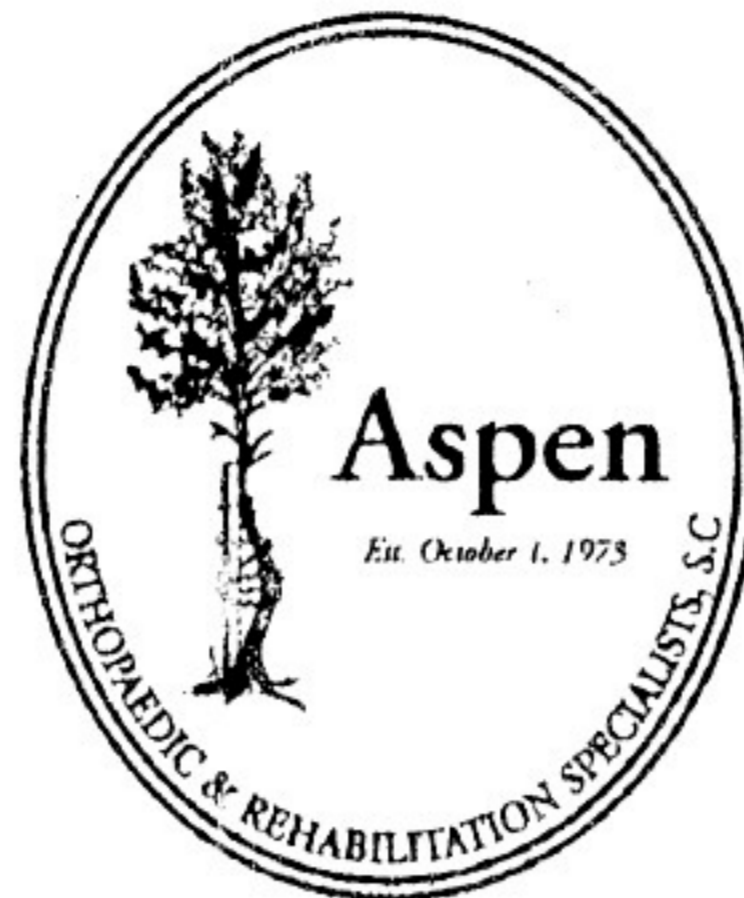


Aspen Orthopaedics
Patient Request for Confidential Communication



Date: _____

I, _____, am requesting that Aspen Orthopaedics
(Print Name)

communicates future information regarding my healthcare to me in the following manner:

Mail invoices or statements to (If other than home address):

Permission to discuss health information with other individuals:

Please list the names of individuals with whom we may discuss your health information:

Name	Relationship	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

May we leave a message on your answering machine at home: Yes No N/A

May we leave a message on your cell phone: Yes No N/A

May we leave a message on your answering machine at work: Yes No N/A

Work number to leave a message: _____

By submitting this form, I hereby grant permission to the staff at Aspen Orthopaedics staff to discuss my health information with the people listed above.

Signature: _____

Witness: _____

If the patient is a minor or has a legal representative:

I represent that I am the legal parent/guardian/personal representative of the patient named above:

Signature of Legal Representative: _____

