aspen
ORTHOPEDIC SPECIALISTS
Experience. Excellence.

Date:____________________

Phone - **(262)395-4141**

www .aspenors.com

PATIENT REQUEST FOR CONFIDENTIAL COMMUNICATION

I, ______________________________(print patient's name), am requesting that Aspen Orthopedic Specialists communicates future information regarding my healthcare to me in the following manner:

Mail - Invoices and Account Statements

Invoices and account statements will be mailed to the home address as listed on your Patient Demographics/Contact Information sheet. If you would like these to be mailed elsewhere, please list that address here:

____

Permission to Discuss Health Information with Other Individuals

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

Name (first and last):	Relationship:	Phone Number:	H/W/C*
1.			
2.			
3.			

**NOTE: Please indicate if phone number (above) is home, work, or cell by marking H, W or C.*

Leaving Voicemail Messages for Patient

May we leave a voicemail message on your:

Answering machine at home? ☐ Yes ☐ No ☐ N/A

Cell phone: ☐ Yes ☐ No ☐ N/A

Answering machine at work: ☐ Yes ☐ No ☐ N/A

Access Aspen's Online Patient Portal

I would like to access Aspen's Online Patient Portal so I can view my medical record, appointment information, and update my profile online.

☐ Yes ☐ No

Email address: ______________________________ (required to set up Patient Portal Access)

By submitting this form, I hereby grant permission to the staff at Aspen Orthopedic Specialists to discuss my health information as listed above.

Signature: ______________________________

Witness: ______________________________

If the patient is a minor or has a legal representative, I represent that I am the legal parent/guardian/representative of the patient named above:

Signature of Legal Representative: ______________________________

Printed Name and Relation to Patient: ______________________________

YOU MUST PRINT THIS FORM OUT AND BRING IT WITH YOU TO YOUR APPOINTMENT.
THIS FORM DOES NOT AUTOMATICALLY GET SENT TO ASPEN.
IF YOU DO NOT PRINT THIS FORM OUT, THE INFORMATION WILL BE LOST.