



## Horizons Diagnostics, L.L.C.

### Request for Confidential Communication Protected Health Information

<b>Patient Name:</b> _____	<b>MR#:</b> _____
has requested confidential communication of protected health information.	

<b>Designated Method of Contacting Patient/Resident/Client</b>	
Communications with the patient/resident/client named above should be directed to:	
<b>Name:</b>	<b>Relationship to Patient:</b>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

<b>Alternative Arrangements for Payment</b>
Payment for services provided to the patient/resident/client will be made as follows (describe payment arrangement):
_____
_____
_____
_____

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

