



## REQUEST FOR CONFIDENTIAL COMMUNICATION

I, \_\_\_\_\_, hereby request Ear, Nose & Throat Specialists of  
*(Name of Patient or Authorized Agent)*  
Illinois, Ltd. to keep communications regarding my protected health information confidential.

**To accomplish this, please adhere to the following requests:**

**Phone:** You can contact me by phone at, \_\_\_\_\_

Leave messages on answering machine:  Yes  No

Leave message with any other person:  Yes  No

**Mail:** Contact me at the following address: \_\_\_\_\_

Other requests for confidential communications (including additional people we may speak to other than yourself):

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Signed: \_\_\_\_\_ Date: \_\_\_\_\_

If you are not the patient, please specify your relationship to the patient: \_\_\_\_\_

*(Rev 6/23)*

**P: (847) 674-5585 | ENTIllinois.com**