

Heart Institute of Wisconsin, S.C.
Patient Request for Confidential Communication Form

I, _____ am requesting that Heart Institute of Wisconsin, S.C.
(Print Name)

communicate future information regarding my health care to me in the following manner:

Mail invoices or statements to:

PATIENTS HOME ADDRESS

Mail results of diagnostic testing or future appointment reminders to:

PATIENTS HOME ADDRESS

Are there any family members you would like to have access to your chart?

I prefer to be contacted:

By phone: _____ Circle one: Home Work Other
(Area Code + Telephone Number)

By email: _____
(Email Address)

Other method (please specify): _____

Patient Signature: _____ Date: _____

Received by _____ Date _____