



Ellen Wenzel, DPM
Zarko Kajgana, DPM
406 SE 131st Ave
Suite 109
Vancouver, WA 98683
(360) 977-7815 Office
(888) 568-4875 Fax
www.ankleandfootphysicians.com

Communication Preferences Change for Protected Health Information

Patient Name _____

I am requesting a change to how I wish any and all communications with me regarding my Protected Health Information be handled in the following confidential manner.

- leaving a message to call the doctor's office on my answering machine at home
- leaving a message to call the doctor's office with whoever answers the phone at home
- leaving a message to call the doctor's office on my cell phone
- leaving a reminder of a scheduled appointment on my answering machine at home
- leaving a reminder of a scheduled appointment with whoever answers the phone at home
- no restrictions on communicating with me regarding Protected Health Information
- other restrictions as noted below

The following person(s) may have information (example: lab results, appointment times) about me:

Please be advised that we may be unable to comply with certain requests for confidential communication of your Protected Health Information. In such an event, we will notify you.

Patient Signature OR
Parent/Guardian/Authorized Individual Signature

Date

Printed Name