

# ALYSA R. HERMAN, M.D.

## Request for Confidential Communications

I, \_\_\_\_\_ authorize the staff of Dr. Herman  
to notify me of my diagnostic or lab results. Please initial one or more of the options:

Speak with me only

Leave a message at my phone number designated below if I am not available.

Home:

Work:

Cell:

Leave a message with anyone answering my phone.

Name of other person(s) authorized to accept results for me:

Name:

Relationship:

Telephone

Other:

**Don't call me with any results.** I will call the office if I want test results.

### **Complete address for communication**

*Local*

*Permanent*

Patient Signature:

Date:

Witness:

Date: