



205 SE Howard Ave.  
Bartlesville, Oklahoma 74006

## Protection of Privacy

To protect your privacy and the confidentiality of your personal health information, please complete this form to let us know how you would like to be contacted prior to your visit.

### Please contact me as follows:

- Yes     No    You may call me on my home telephone number and leave a message on my answering machine or voicemail, including the facility or physician name.  
My home phone number is \_\_\_\_\_.
- Yes     No    You may send correspondence and forms to my home address.
- Yes     No    You may call my home phone number and leave a message with whoever answers the phone.
- Yes     No    You may call me at my work number and leave a message.  
My work number is \_\_\_\_\_.

### Please list others we may contact with confidential communications.

Name \_\_\_\_\_ Relationship to patient \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to patient \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to patient \_\_\_\_\_ Phone \_\_\_\_\_

Patient Name \_\_\_\_\_

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Signature Patient/Parent/Guardian

Date