

Sun Lake Medical Associates

18964 N Dale Mabry Hwy Suite 101

Lutz, FL 33548

Right to confidential Communication Policy

Patients may request to receive confidential communications of their protected health information (PHI) from SUN LAKE PAIN MANAGEMENT STAFF.

A patient may request that communications from the practice be sent to and alternate location or by and alternate means. Sun Lake Pain Management will accommodate reasonable requests for such confidential communications. The patient is not required to give a reason for this request. If disclosing information through regular channels will endanger the patient, he/she may want to make that known to you.

Sun Lake Pain Management prefers these requests to be in writing.

Request for special Confidential Communications Procedures:

I hereby request that SUN LAKE MEDICAL ASSOCIATES request that all telephone calls placed to me only be placed to: _____

I hereby request that SUN LAKE MEDICAL ASSOCIATES request that no voice mail messages be left on the above listed or any other telephone listings related to me.

_____ / ____ / _____

Patient's signature

Patient's date of birth