

**Patient Request for Confidential Communication**

I, \_\_\_\_\_, am requesting that MotionWorks Physical Therapy  
(Print Name)  
communicate future information regarding my health care to me in the following manner (check all that apply):

- Home Telephone** \_\_\_\_\_
  - Okay to leave health and/or appointment related information
  - Okay to leave a message regarding health and/or appointment related information with others living in the household
  - Leave message with call back number only
  - DO NOT LEAVE MESSAGES WITH ANYONE BUT MYSELF
  
- Cell Phone** \_\_\_\_\_
  - Okay to leave health and/or appointment related information
  - Okay to leave a message regarding health and/or appointment related information with others living in the household
  - Leave message with call back number only
  - DO NOT LEAVE MESSAGES WITH ANYONE BUT MYSELF
  
- Work Telephone** \_\_\_\_\_
  - Okay to leave a message on voicemail with health and/or appointment related information
  - Leave message with call back number only
  - DO NOT LEAVE MESSAGES WITH ANYONE BUT MYSELF
  
- E-mail** \_\_\_\_\_
  - Okay to send educational materials, notices of website updates, and notices of upcoming events from MotionWorks Physical Therapy (our mailing list is never shared or sold)
  
- Written Communication**
  - Okay to mail health and/or appointment related information to my home address
  - I have someone close to me who may contact MotionWorks Physical Therapy to discuss my diagnosis, care, and treatment. I authorize communication with the following person(s):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_