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Ear, Nose & Throat / Head & Neck Surgery

Request for Confidential Communication

I, _____, hereby request Suburban Ear, Nose & Throat
(Name of Patient or Authorized Agent)

Specialists, Ltd. to keep communications regarding my protected health information confidential. To accomplish this request please adhere to the following requests:

Phone: You can contact me by phone at _____
Leave messages on answering machine: ___ Yes ___ No
Leave message with any other person: ___ Yes ___ No

Mail: Contact me at the following address: _____

FAX: ___ Please do not contact me by FAX
___ Please contact me by FAX at _____

Other Requests for Confidential Communications (including additional people we may speak to other than yourself): _____

Signed: _____ Date: _____

If you are not the patient, please specify your relationship to the patient: _____

– Patient’s file
(rev 09/11)

8780 West Golf Road Suite 200 Niles, IL 60714 Fax (847) 824-7453
4905 Old Orchard Center Suite 630 Skokie, IL 60077 Fax (847) 674-5598
767 Park Avenue West Suite 220 Highland Park, IL 60035 Fax (847) 681-8620
1900 Hollister Drive Suite 220 Libertyville, IL 60048 Fax (847) 573-1790
2150 Pfingsten Road Suite 2270 Glenview, IL 60025 Fax: (847) 998-0483

For all locations, please call (847) 674-5585
www.suburbanent.com