NEOS
NEW ENGLAND ORTHOPEDIC SURGEONS
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HIPAA Request for Confidential Communications

Patient Name _____ Date of Birth _____

We will consider your request based upon our practice's ability to carry out your specific request for confidential communications. Our goal is to accommodate reasonable requests; however, we are not required to honor all requests. You are not required to provide a reason for your request but you must clearly describe how you would like confidential communications carried out by our office. Our office's privacy official will review your request and is available to speak with you should you have any questions or concerns.

Please describe your request for confidential communications:

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We will not honor this request in the event that medical necessity requires our contacting you.
We must have alternative contact for billing, otherwise your account will be immediately sent to collections.

Privacy Official Use: