



**REQUEST FOR FORMS OF COMMUNICATION**

(562) 743-1197

[hello@oothermography.com](mailto:hello@oothermography.com)

**NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**COMMUNICATION REGARDING APPOINTMENTS**

In general, the HIPPA privacy rules gives individuals the right to request confidential communications, or that a communication of private health information be made by alternative means.

Initial here: \_\_\_\_\_

**I may be contacted in the following manner (Initial all that apply)**

\_\_\_\_\_ HOME PHONE \_\_\_\_\_

\_\_\_\_\_ OK TO MAIL TO MY HOUSE

\_\_\_\_\_ WORK PHONE \_\_\_\_\_

\_\_\_\_\_ OK TO EMAIL

\_\_\_\_\_ CELL PHONE \_\_\_\_\_

\_\_\_\_\_ OTHER

\*\*No detailed messages regarding your thermal reports will be left on any voicemail systems.

\*\*OC Thermography will be using a HIPPA complaint server (One Hub) to communicate your patient reports with you.

\*\*By signing this form, you are authorizing OC Thermography, LLC to send your reports through the One Hub server.

I agree to hold harmless OC Thermography, LLC and individuals associated with it from any and all claims and liabilities arising from or related to this request to communicate using alternative or varying methods.

Signature of Patient or Patient’s Authorized Representative: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_