



Dr. Jeffrey Bongiorno

1317 West Grand Avenue, Port Washington, WI 53074
Phone: (262)284-8800 Fax: (262)284-8861

REQUEST FOR CONFIDENTIAL COMMUNICATIONS

**Patient's
Name:** _____

**Date of
Birth:** _____

I request that all communications to me (by telephone, mail, or otherwise) by: Jeffrey J. Bongiorno and/ or its staff be handled in the following manner:

Written Communications:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Oral Communications:

Phone Number: Call: (_____) _____ - _____

May we leave a message: Yes No

If the Address provided above is not your home address or is not a street address please provide us with a street address for purpose of ensuring payment:

Address: _____ City: _____ State: _____

Patient Signature: _____ **Date:** ____/____/____.

----- PRACTICE USE ONLY -----

PRACTICE: ACCEPTS DENIES

Privacy Officer
Signature: _____ Date Signed: _____