



Interventional Pain Medicine
for Spine & Chronic Pain Care
Board Certified • Fellowship Trained
www.painreliefofdayton.com

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Confidential Communication

As required by the Health Information Portability and Accountability Act of 1996 (HIPAA) you have the right to request that communications concerning your personal health information be made through confidential channels.

_____ (print name) requests the use of the following confidential channels for the communication of information related to my personal health, treatment, diagnostic results, or appointment reminders.

Phone:

I want you to contact me by telephone at this primary number: _____

Do **Do Not** Leave detailed messages on my answering machine.

Do **Do Not** Leave detailed messages with any other person.

I want you to contact me by telephone at this secondary number: _____

Do **Do Not** Leave detailed messages on my answering machine.

Do **Do Not** Leave detailed messages with any other person.

Fax:

You may contact me by fax at the following number: _____

If there any people with whom we may discuss your health information, please list them below:

Signature: _____ Date: _____

Printed Name: _____

Date Granted: _____ Date Terminated: _____