

Dr. David R. Winchester, D.M.D., P.C.
**Request Alternate Means and/or Location for Communication
of Healthcare Information**

This form is to request that an alternate means and/or location be used for communication of *all* healthcare and/or personal information concerning patient:

ALTERNATE MEANS OF COMMUNICATIONS:

Until this date _____ or until further written instructions are given:

Please FAX all communications to me at this telephone number _____

Please email all communications to me at this email address _____

_____ It has been explained to me and I understand and accept that email is not a secure transmission medium so the security of any information sent via email cannot be guaranteed. Use it anyway.

Please use this medium for all communications to me _____

ALTERNATE LOCATION FOR COMMUNICATIONS:

Until this date _____ or until further written instructions are given,
please send all communications to me at the following location:

HANDLING OF PAYMENTS:

Unless the doctor and I have made specific written and mutually acceptable arrangements (not shown on this form) payments will be sent to you via the U.S. Mail and I will remain responsible for seeing that payments are made in a timely manner.

Signature _____ Date _____

If this form is signed by a personal representative of the patient, please, complete the following:

Personal Representative's Name _____

Relationship to Patient _____

Mail or deliver the completed form to:

Dr. David R. Winchester
Suite 100
2500 Center Point Parkway
Center Point, AL 35215