

UNIVERSITY DENTAL ASSOCIATES, PLLC  
P.O. BOX 819  
1340 UNIVERSITY AVE.  
SEWANEE, TN 37375

**CONFIDENTIAL COMMUNICATIONS-ALTERNATIVE CONTACT  
INFORMATION**

This information should be placed in a prominent location in the record to remind  
Staff to us alternative addresses and/or phone numbers.

Effective Date \_\_\_\_\_

Patient Name \_\_\_\_\_

Persons Who May Receive Your Personal Health Information

Name	Relationship to you	Phone number
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Mailing Address Where We Can Send Information

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Numbers Where We Can Call Or Leave A Message: (Note if you do not want to be called  
at work, do not fill in a number).

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cellular: \_\_\_\_\_

Other: \_\_\_\_\_

E-Mail: \_\_\_\_\_

\_\_\_\_\_  
Signature of Patient or Personal Representative

\_\_\_\_\_  
Date