

**Center for Breast Care, Inc.**  
**Deanna J. Attai, M.D., F.A.C.S.**

Please inform us how we may contact you regarding your Protected Health Information. Please note that depending on your preferred method of contact, there may be a delay in contacting you regarding test results, re-scheduling appointments, and other matters. Thank you for your cooperation.

**Please note that we are not required to agree to all requests. Please see our Notice of Privacy Practices for more information.**

Patient Name (print): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Method of contact allowed (please check any/all that apply):

- Home phone number – personal contact
- Home phone number – answering machine
- Home phone number – message left with family member or other person answering phone
- Home address (regular mail)
- Work phone number – personal contact
- Work phone number – answering machine or voice mail
- Work phone number – message left with person answering phone
- Work address (regular mail)
- Other (please specify): \_\_\_\_\_

Please note any restrictions on disclosure of PHI:

\_\_\_\_\_

\_\_\_\_\_

Signature of Patient or Legal Guardian: \_\_\_\_\_

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