



Obstetrics
Gynecology
Infertility
Laser Surgery

Michael J. Eisenberg, MD
Erwin G. Szela, MD, MBA
Papa Win De la Cruz, MD
Anita Iyer, MD
Amy Kleinklaus-Lee, DO
Elizabeth Mlynarczyk, MD

Women's HealthFirst

Request for Confidential Communication

I, _____, hereby request **Women's HealthFirst, LLC** to keep communications regarding my protected health information confidential. To accomplish this, please adhere to the following requests:

Phone: You can contact me by phone at: _____
Leave messages on answering machine: ____ Yes ____ No
Leave message with another person: ____ Yes ____ No
 Spouse Mother Relative Roommate

Mail: Contact me at the following address: _____

E-Mail: Contact me at the following e-mail address: _____

FAX: ____ Please do not contact me by FAX
____ Please contact me by FAX at: _____

Other Requests for Confidential Communication: _____

Signed: _____ **Date:** _____

If you are not the patient, please specify your relationship to Patient:

These requests shall remain until Women's HealthFirst, LLC is notified otherwise in writing.

BUFFALO GROVE
600 W. Lake Cook Road
Suite 120
Buffalo Grove, IL 60089

SCHAUMBURG
1931 N. Meacham Road
2nd Floor
Schaumburg, IL 60173

HOFFMAN ESTATES
1555 N. Barrington Road
Doctors' Office Building III
Suite 2350
Hoffman Estates, IL 60169

All Locations
847.808.8884 Phone
847.808.8890 Fax

www.womenfirst.net

Our Experience Makes Your Experience Better