

# Nancy Davis, Ph.D.

5901 Kingstown Village Parkway  
Suite 205  
Alexandria, VA 22315-5882

Phone: 703-472-3886  
Fax: 703-978-1130  
drnancydavis@Juno.com

## Request for Confidential Handling of Health Information

I, \_\_\_\_\_  
(First and Last Name of patient/recipient)

request that Nancy Davis, Ph.D. handle my confidential health information in the following way:

- A. All reasonable requests to receive communication of your health information by alternative means will be granted. Please describe the alternative means (e.g. U.S. mail, telephone call, e-mail etc.) by which you prefer to receive your health information.

---

---

---

---

- B. All reasonable requests to receive communication of your health information at alternative locations will be granted. Please complete the following section only if you want communications regarding your health care information sent to an alternate address (other than your residence).

---

(Street Address)

---

(City) (State) (Zip Code)

---

(Signature) (Date)