

Request for Confidential Communication and Use of Email

At some point we may need to communicate detailed and potentially sensitive information to you. Please read below and complete the required areas advising if we may do so and how you prefer to have this information disclosed.

Your Name: _____

You may contact me via my home and/or cell phone at:

Home: _____ Cell: _____

Yes or No You may leave a detailed message on my home answering machine

Yes or No You may leave a detailed message on my cell phone

Yes or No You may contact me via text message

Yes or No You may mail correspondence to my home address

Yes or No You may leave a detailed message with someone I trust:

If yes, who: _____ Relationship: _____ Phone #: _____

Our office also uses email to contact patients regarding care, appointment reminders, holiday closures, or other announcements pertinent to our office.

Additionally, below is a list of health related topics, please check any that might interest you, as we send out newsletters 2 times a month on various topics.

Email Address: _____

Please check off topics that interest you:

Backaches & Sciatica Headaches & Neck Pain Wellness Topics

Diet & Nutrition Exercise & Fitness Women's Health Issues

Children's Health Issues Stress Management Doctor's Announcements

****Please note that we respect your privacy, and will not loan, sell, or otherwise distribute your personal information to any third party. ****

Signed: _____ Date: _____

Find us on Facebook "LIKE" and "SHARE" our page: We post and share health and inspirational articles, my blogs, special discounts and special events on page almost daily. This is where you will find out about free lectures, free golf and tennis clinics and special events that Dr. Hoch may be hosting or sponsoring.