



3 Washington Circle NW
Suite 207/208
Washington, DC 20037

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NBJI Confidential Communication Request Form

If it becomes necessary for NBJI to contact you by telephone, NBJI requires your written permission to leave detailed telephone messages on your voice mail system or with a person designated by you. If you would like NBJI to leave detailed messages on your voice mail system or with a designated person, please fill out the following form.

I, _____, **AUTHORIZE NBJI** to leave detailed telephone messages pertaining to my medical care at the following telephone numbers and/or persons. This will remain in effect until rescinded in writing.

Phone Number: () _____ - _____

Other Number: () _____ - _____

Home Answering Machine and/or Voice Mail YES NO

With Others (Specified names): _____

Email: _____

Signature _____ Date: ___/___/___

This authorization may be cancelled at any time by instructing NBJI in writing mailed to 3 Washington Circle, Suite 207/208, Washington DC. 20037.