

Houston Fertility Center
9055 Katy Freeway, Suite 450
Houston, TX 77024

Patient Request of Confidential Communication

We must have at least one phone number to contact you as well as an alternate means of contact (email and/or regular mail). Please answer all questions and indicate all of your preferred choices.

1) Do we have permission to contact you/leave a detailed message at your home number?

_____ YES _____ NO

Home phone number _____

2) Do we have permission to contact you/leave a detailed message on your cell phone?

_____ YES _____ NO

Cell phone number _____

3) Do we have permission to mail to your home address?

_____ YES _____ NO

4) Do we have permission to email you?

_____ YES _____ NO

Email address _____

Patient Signature

Date

Print Name

Reviewed By (HFC Staff)

In general, the HIPAA privacy rule gives individuals the right to request a restriction on uses and disclosures of protected health information (PHI). The individual is also provided the right to request confidential communication regarding health information be made by alternative means, such as sending correspondence to the individual's office instead of corresponding by telephone.