

Alternate Communication of PHI (Patient Health Information)



Affiliated with Baylor Health Care System

Acct #

Typically, our offices will communicate with you through our usual methods of communication, which would include using the preferred method that you have previously indicated. If you want us to communicate certain health information by an alternative method, please let us know in the space below. For example, please let our office know if you request that we call you on your mobile phone instead of your home phone for a particular test result or that we mail information regarding care by one of our specialty providers (such as a cardiologist) to a different mailing address.

Alternate Communication Request

[Empty box for alternate communication request]

Do Not Contact Request

I request that communication regarding my medical conditions to occur **ONLY** when I am in the clinic. Please only print and hand me information when I am in the clinic. **I DO NOT** wish to be notified by any other communication method regarding my medical conditions, except in an emergency situation.

I understand that HealthTexas will make reasonable efforts to accommodate my request for communication of health information by alternative methods or locations. I understand that HealthTexas may communicate with me through other means under certain circumstances, such as in an emergency or to seek payment for services provided.

Patient Name (please print)

Signature of Patient, Parent, or Legal Guardian

Date