Texas Tech University Health Sciences Center

Alternate Forms of Communication

Patient Name: _____

MRN: _____

DOB: _____

TTUHSC values the privacy of its patients and is committed to operating our practice in a manner that promotes patient confidentiality while providing high quality patient care. Some patients request they be contacted at alternate addresses or phone numbers. TTUHSC will accommodate reasonable requests.

Address where I want mail sent: _____

_____

_____

_____

Phone number where you can reach me during the day: _____

Phone number where you can reach me during the night: _____

Additional phone numbers to reach me, i.e., cell phone: _____

Fax number to send me information: _____

Date	**Print Your Name** **(Person signing consent form)**	**Signature** **(Patient or Other Legally Authorized Person)**
		Relationship to Patient