



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER.
EL PASO

Confidential Communication Request

Patient Name: _____

MRN: _____

DOB: _____

Texas Tech University Health Sciences Center El Paso (TTUHSC El Paso) 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 El Paso 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 consentform)

Signature
(Patient or other legally authorized person)

Relationship to patient