

**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)

<p>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.</p>
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