



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 to 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 consent form)	Signature (Patient or other legally authorized person)

Relationship to patient

Attachment A
HPP_7.5

~~November 15, 2022~~

July 16, 2024

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