



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