



Willow Bend Cosmetic Surgery

5824 West Plano Parkway, Suite 101

Plano, Texas 75093

972.267.3223

In General, the HIPAA privacy rule gives individuals the right to request a restriction on uses and disclosures of their protected health information (PHI). The individual is also provided the right to request confidential communications or that a communication of PHI be made by alternative means, such as sending correspondence to the individual's office instead of their home.

I wish to be contacted in the following manner (*check all that apply*):

- Home Telephone _____
 _____ OK to leave a message with detailed information
 or
 _____ Leave a message with callback number only
- Cell Phone _____
 _____ OK to leave a message with detailed information
 or
 _____ Leave a message with callback number only
- Work Telephone _____
 _____ OK to leave a message with detailed information
 or
 _____ Leave a message with callback number only
- Written Communication
 _____ OK to mail to my home address
 _____ OK to mail to my work/office address
 _____ OK to fax to the following number _____
 _____ OK to email to _____

I allow you to give my clinical information to or answer questions from the following person(s)—Please give full name of each:

Spouse _____ Parent _____ Child _____

Other _____ Escort _____ None _____

Patient Signature (If patient is unable to sign, please indicate relationship)

Date

Witness Signature

Date