Family Medical Center
at
Cinco Ranch

23144 Westheimer Parkway * Katy, TX 77494 * Office 281.392.5005 * Fax 281.392.5052

USE OF PROTECTED HEALTH INFORMATION

The HIPAA Privacy Rule gives individuals the right to request a restriction on uses and disclosures of Protected Health Information (PHI). This includes demographic information (name, address, photo, etc) as well as details of your medical treatment (diagnosis, management, lab or x-ray results, etc). The Privacy Rule generally requires healthcare providers to take reasonable steps to limit the use or disclosure of, and requests for, PHI to the minimum necessary to accomplish the intended purpose. These provisions do not apply to uses or disclosures made pursuant to an authorization requested by the individual. Please indicate your preferences below:

Discuss my information with these person(s) ONLY IN EMERGENCY:

Name:_____ Phone:_____
Name:_____ Phone:_____
Name:_____ Phone:_____

I give permission for Shelley C. Ferrill, M.D. and the staff of Family Medical Center at Cinco Ranch to disclose my Protected Health Information to the following person(s):

Name:_____ Phone:_____
Name:_____ Phone:_____
Name:_____ Phone:_____

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

- ☐ Home phone:__ __ __-__ __ __-__ __ __ __ ☐ Work: __ __ __-__ __ __-__ __ __ __
  - ☐ okay to leave detailed information
  - ☐ leave message with call back number only
  - ☐ okay to leave detailed information
  - ☐ leave message with call back number only
- ☐ Cell phone: __ __ __-__ __ __-__ __ __ __ ☐ Mail: __ __ __-__ __ __-__ __ __ __
  - ☐ okay to leave detailed information
  - ☐ leave message with call back number only
  - ☐ mark all correspondence CONFIDENTIAL
- ☐ e-mail: _____ ☐ Other: _____

I understand that these may not be secure lines of communication.

Patient Name (Print): _____ Date: _____

Patient Signature: _____ Birth Date:_____