



DENTON SPORTS & PHYSICAL THERAPY CENTER

The leader in keeping you active & strong since 1984



At Denton Sports & Physical Therapy Center, we have always kept your health information secure and confidential. We may disclose necessary health information for usual healthcare operations (payment of services, to contact you, physician, insurance carrier, etc.) or as required by law. We will not disclose your health information beyond the normal uses. A full notice of how your health information may be used and disclosed and how you can access or restrict this information is posted in our office and a copy will be made available to you upon request.

I, _____ (print name) hereby request the use of the following confidential channels for the communication of information related to my *personal health, treatment, or payment* of treatment. **This request supercedes any prior request for confidential channel communications I may have made.**

Please specify the means by which you would like to be contacted. Where you list more than one communication option, please indicate which you prefer.

DIAGNOSIS & TREATMENT

I, _____ Do _____ Do not want you to discuss my diagnosis and treatment with my family members.

Please indicate name, if any, of individual(s) approved for diagnosis and treatment discussion(s):

PHONE

I want you to contact me by telephone at: _____

_____ Do _____ Do not leave messages on my voice mail/answering machine.

_____ Do _____ Do not leave messages with any other person.

Please indicate name, if any, of individuals(s) approved to take above messages:

MAIL

I want you to contact me at the following address:

Please sign to acknowledge that you understand DSPTC's privacy practices.

Patient Signature: _____ Date: _____

Parent/Guardian: _____ Date: _____

I Do _____ Do not _____ want to be contacted regarding health programs, injury prevention classes, etc.