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# Granbury Oral and Facial Surgery

707 Paluxy Rd. Granbury, Tx. 76048

Dr. Eduardo Humes

(817)579-2675

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## Patient Disclosure Instructions

In general, the HIPPA 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 with the right to request confidential communication or that communication of PHI is made by alternative means, such as sending correspondence to the individual's offices or the individual's home.

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

- Home/Cell Telephone Number \_\_\_\_\_
  - O.K. to leave a message with detailed information
  - Leave message with call back number only
- Work Telephone Number \_\_\_\_\_
  - O.K. to leave a message with detailed information
  - Leave message with call back number only
- Written communication
  - O.K. to mail to my home address
  - O.K. to mail my work/office addresses

I allow you to give my clinical information, to or answer questions from (check all that apply):

- Spouse
- Parent
- Child
- Other (specify) and relationship \_\_\_\_\_

Patient Signature

Date

Print Name

Birth Date

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### FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained: \_\_\_ Individual refused to sign \_\_\_ Communication barriers prohibited obtaining the acknowledgement \_\_\_ An emergency situation prevented us from obtaining acknowledgement \_\_\_ Other (specify) \_\_\_\_\_