Patient's Communication Preferences Regarding Their PHI

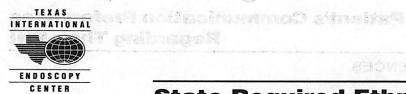
TELEPHONE COMMUNICATION PREFEREN	CES
Home	100 / F 10 / F 1
Work	
Mobile Phone	
Other	:
EMAIL COMMUNICATION PREFERENCES	PORTARIA UNIO RECALIA DE CARROLLA DE C
Email Address:	g their services and financial obligations we will use all methods of
communication provided to expedite those needs. By providi Center or one of its legal agents may use the telephone numbers provided message through the use of an automated dialing service of	ng the information above I agree that Texas Interantional Endoscopy provided to send me a text notification, call using a pre-recorded/artificial r leave a voice message on an answering device. DESCOPY CENTER or one of its legal agents may contact me with an email
TEXT MESSAGE COMMUNICATION PREFER	RENCES
erly while in storage or intercepted during transmission. The text would like us to contact you by text message please sign this cons	of communication because these messages can be accessed impropt messages you receive may contain your personal information. If you sent below. If you consent to receiving text messages you also agree to our mobile phone number changes. You are not required to authorize the e authorization will not affect your health care in any way.
Patient Signature for Consent to Text Message.	to supposed and promisers distance was bounded and consistent and
MAIL COMMUNICATION PREFERENCES	in the polyace 2
Other than you, your insurance company, and health care punkealth care information? (Check all that apply) Name	roviders involved in your care, whom can we talk with about your Telephone
Spouse	Source designation of the second state of the
☐ Caretaker	No 5-7
☐ Child	1969-0 J
Parent	Called Cares & Compact State (1901) 17 cc.
Other	
	idential from any person or persons? If so, please specifically describe
Say of the Children of the Chi	TO BE TO THE COURSE TO THE COURSE OF THE COU
4 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m	
I acknowledge that I have been given the opportunity to recinformation.	uest restriction on use and/or disclosure of my protected health
I acknowledge that I have been given the opportunity to req information.	uest alternative means of communication of my protected health
Patient or Personal Representative Signature	Date
Printed Name	Relationship to Patient
TEY AS	15 PATIENT INFORMATION



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PATIENT INFORMATION

Patient's Communication Preferences Regarding Their PHI



State Required Ethnicity and Race Questions

BACKGROUND INFORMATION	TOTAL PROPERTY OF A PROPERTY OF A	aciti.
Texas law requires the Texas Health Care Information Council to chospital patients. Hospitals are required to ask patients to identify the		ls o
The data obtained through this process will be used to assist research are receiving access to adequate health care.	email audrets has been provided, Texas biterarbonel b	
If patients fail or refuse to identify their own race and ethnic bac	ckgrounds, facility staff will use its best judgmer	nt ir
QUESTIONS	while in sublage of majorphic curry behaviorant form.	i yn
Question #1: Nationality or Ethnic Background	p ly opdate Texas lat spanisonal 2 adoes opy Center was of text inepsector and a usersium of its starting to a from a	110 H
(mark the box that most accurately identifies the patient's ethnic ba		
Is the patient?	AL COMMUNICATION PREFERENCES	AR
(1) Hispanic/Latino (21352)	we send niell to your torne address r Liliges Ut No.	
(c) Not Hispanic/Latino (21865)	And the second s	
☐ I (patient or patient's legal guardian) refuse to answer	r the question.	
Question #2: Race	r fitan you, your genrance company, is unabled tool th care informaticul? (Check all that apply) Name	
(mark the box that the patient believes most accurately identifies h	his/her race)	
le the nationt 2	- Application of the second of	
Is the patient? (1) American Indian/Eskimo/Aleut (10025)	200 K	
(1) Asian or Pacific Islander (20289)	_1 Parent	
(2) Asian of Facilic Islander (20289)	La Oinei	
(a) White (21063)	ou have health information that you would like to be kept to	
(5) Other Includes <u>all other responses not listed above</u> . Patients wh	tho consider themselves as <u>multiracial or mixed should choose th</u>	
☐ I (patient or patient's legal guardian) refuse to answer	r the question.	
	on the state of th	ion.
Allesed believed the notes of communication of my protected bealth.	dovinedge that't have been given the opportunity to realism.	
	pacers of the process of the packets to the	in FpQ
Patient or Legal Guardian Signature	Date	
a standing to Passers	anoti te	in her
TEXAS NHES-ERQ 5/14 PATIENT	T INFORMATION	

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Ethnicity & Race Questions