



2701 Cross Timbers, Flower Mound, TX 75028
6805 West Northwest Highway, Dallas, TX 75225
(972)347-4783/(972)347-4916 Fax

HIPAA COMPLIANCE QUESTIONNAIRE

Please list persons, if any, whom we may discuss your care to include, but not limited to, your general diagnosis, medical treatment, payment information, and coordination of benefits.

_____	_____
_____	_____

Please list the appropriate names, phone numbers, and relationship of all parties where our staff is authorized to call and leave confidential messages to include, but not limited to, test results, appointment reminders and coordination of benefit information.

_____	_____
_____	_____

Please list your pharmacy name, location and phone number below for use by our office if indicated at anytime during your care.

Please list the name, specialty and phone number of any physician who currently cares for you. This should include primary physicians, cardiologists, oncologists, rheumatologists, etc.

_____	_____
_____	_____

Patient Name (Please Print)

Signature of Patient/Guardian

Date

*Please note: This authorization remains valid until withdrawn by the patient.