



NOBLE
 PAIN MANAGEMENT
 & SPORTS MEDICINE

Patient Name: _____

Date of Birth: _____

HIPAA Policy

Noble Pain and Sports Medicine
 3120 W. Southlake Blvd.
 Southlake, TX 76092
 (p)817-518-1112 (f)817-518-1113

According to the Texas State Law and per HIPAA policy, our practice is not allowed to release any of your information without your permission. Please list any individuals that you are giving permission to receive or to pick up any scripts written by the doctor. Please list any individuals that you are giving permission to receive information in regards to you as a patient at our practice.

Name: _____ D.O.B. ___/___/___

Phone: _____ Relationship: _____

Name: _____ D.O.B. ___/___/___

Phone: _____ Relationship: _____

CHECK ALL THAT APPLY

Home Phone

- Okay to leave a message with detailed information
- Leave message with call back number only

Cellular Phone

- Okay to leave a message with detailed information
- Leave message with call back number only

 Print Patient Name

 Patient/Guardian Signature

 Date