



COMPLETE HEALTH MEDICAL  
CENTER

905 Ferris Ave  
Waxahachie, Texas 75165

Patient Name: \_\_\_\_\_ DOB \_\_\_\_\_

Release of Information I authorize the release of information including the diagnosis, records; examination rendered to me and claims information. This information may be released to:

\_ Spouse \_\_\_\_\_ Phone: \_\_\_\_\_  
\_ Child(ren) \_\_\_\_\_ Phone: \_\_\_\_\_  
\_ Other \_\_\_\_\_ Phone: \_\_\_\_\_  
\_ Other \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_ Information is not to be released to anyone.

I UNDERSTAND THAT THIS RELEASE WILL REMAIN IN EFFECT UNTIL OTHERWISE STATED BY ME IN WRITING.

Notice of Privacy Practices A copy of Complete Health Medical Center (CHMC) Notice of Privacy Practices (NPP) is available to you if requested. Please check one of the following boxes below:

I have been provided a copy of CHMC's NPP today, upon my request (please see our receptionist and he/she will promptly provide you with a copy)

I will not take a copy of CHMC's NPP today but am aware that it is posted clearly at the front desk and online for review, and is available to me if I request a copy in the future.

Messages Please call  my home  my work  my cell Number: \_\_\_\_\_ If unable to reach me:

you may leave a detailed message

please leave a message asking me to return your call

\_\_\_\_\_ It is best to reach me:  
(day) \_\_\_\_\_ between (time) \_\_\_\_\_

Is it okay to email or send a text message as a reminder for any future appointments?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_