



**GREATER HOUSTON DIGESTIVE DISEASE CONSULTANTS**  
9200 Pinecroft Dr. Suite 480 • The Woodlands, TX 77380  
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**HIPPA COMMUNICATION PREFERENCE FORM**

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

PREFERRED PHONE NUMBER \_\_\_\_\_

- Okay to leave DETAILED messages on answering machine.
- Okay to send my results by text message.
- Okay to send my results to my confidential Patient Portal.

In accordance with the Medical Privacy Act of Texas, the physicians and/or staff of Greater Houston Digestive Disease Consultants are unable to release any information pertaining to your condition, treatment and/or care without your consent. If you authorize us to release information regarding your care to anyone other than yourself, please complete the following authorization.

***I hereby authorize the physicians and/or staff of GHDDC to release information pertaining to my condition and/or care to the individual listed below.***

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| <b>Name</b> | <b>PHONE #/ Relationship</b> |
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| <b>Name</b> | <b>PHONE #/ Relationship</b> |
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| <b>Name</b> | <b>PHONE #/ Relationship</b> |
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| <b>Signature of Patient or Patient's Representative</b> | <b>Date</b> |
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