Castle Hills Medical Group

4333 N Josey Ln, Suite 100 (Plaza 2), Carrollton, TX 75010
Phone: 469-459-8899
Fax: 972-236-8774

APPROVED HIPAA CONTACTS

May We Contact You By Phone and Leave a Message About Your Medical Care?

Primary Phone #:_____

☐ Leave message with contact number only
☐ Leave message with detailed information.
☐ Do not leave message.

Secondary Phone #:_____

☐ Leave message with contact number only
☐ Leave message with detailed information.
☐ Do not leave message.

Involvement of Others in Care: I authorize CHMG to discuss my/the patient's medical care and needs with the following persons:

Name	Date of Birth (for identification)	Relationship	Phone

☐ I DO NOT wish to add an additional contact to discuss my/the patient's medical care and needs.
Initials _____

Print Name of Patient: _____

Signature of Patient or Patient's representative: _____

Relationship to patient: _____

Date: _____