



Lubbock Urology Clinic, L.L.P.

CONSENT FOR SPECIAL DISCLOSURE OF PROTECTED HEALTH INFORMATION

1. I consent to LUC employees identifying themselves and **leaving messages on my answering machine / voicemail** (if I have one) for the purpose of appointment confirmation, follow-up after procedure, or to inform me that I need to call you.
Yes _____ No _____
2. I consent to LUC employees identifying themselves and **leaving a message with those who answer my home phone** for the purpose of appointment confirmation, follow-up after procedure, or to inform me that I need to call you.
Yes _____ No _____
3. I consent to LUC employees **contact me at work** (if applicable) for the purpose of appointment confirmation, follow-up after procedure, or to inform me that I need to call you.
Yes _____ No _____
4. I consent to LUC employees disclosing my private health information, such as test results and billing information with a designated family member or personal representative.
Yes _____ No _____

***** If you answered YES to the above question (#4), please list below the person(s) to whom such information may be enclosed.**

Name: _____ Relationship: _____ Phone: _____

Alternate: _____ Relationship: _____ Phone: _____

I acknowledge that I have received a copy of the Notice of Privacy Practices, and the above information is correct.

Date: _____

Patient Name (Please Print): _____

Patient Signature: _____

Witness Signature: _____