

Dallas Medical

Doctors of Internal Medicine

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In our efforts to comply with the Health Insurance Portability and Accountability Act (HIPAA), we need to be certain that we guard your privacy according to your wishes when it comes to you family, friends, and co-workers.

Please circle your response to the following:

May we leave messages concerning your appointments with a co-worker, receptionist, or secretary that regularly answers your calls? YES NO N/A

May we leave detailed messages on your voice mail at work? YES NO N/A

May we leave detailed messages on your voice mail at home? YES NO N/A

May we leave detailed messages on your cell phone? YES NO N/A

(Please remember that your cell phone is not a secure line)

Please list names of persons with whom we have permission to discuss your appointments, treatments or financial issues:

Name:

Relationship:

May we correspond with you via email? YES NO N/A

Your email: _____ @ _____

You must inform us in writing of any changes in your directives. This consent takes effect on the date indicated below and will be kept in your file along with your acknowledgement of receipt of your Notice of Privacy Practices.

Signature: _____ Date: _____

Print Name: _____ Date of birth: _____