DALLAS RENAL GROUP
Leaders in Kidney Care

To Request Information, Exercise a Patient Right, or File a Complaint

If you have questions, would like additional information, want to exercise a Patient Right described above, or believe your (or someone else's) privacy rights have been violated, you may contact the Practice's Office Manager, 972-274-5555, or in writing to us at:

Dallas Renal Group

3571 W. Wheatland Rd, Ste. 101

Dallas, TX 75237

Please note that all complaints must be submitted in writing to the Manager at the above address.

You may also file a complaint with the Secretary of Health and Human Services (HHS), Office for Civil Rights (OCR). Your complaint must be filed in writing, either on paper or electronically, by mail, fax, or e-mail. The address for the Texas Regional Office is:

Office for Civil Rights, U.S. Department of Health and Human Services

701 W. 51st Street, MC W206

Austin, Texas 78751

Phone: 1-888-388-6332 or 512-438-4313

Fax: 512-438-5885

More information regarding the steps to file a complaint can be found at: www.hhs.gov/ocr/privacy/hipaa/complaints.

We cannot, and will not, require you to waive the right to file a complaint with the Secretary of HHS as a condition of receiving treatment from the Practice.

We cannot, and will not, retaliate against you for filing a complaint with the Secretary of HHS.

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AUTHORIZATION FOR USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION

Patient's Name: _____ Date of Birth:_____

This form is to confirm your authorization for the use or disclosure of your protected health information for a special purpose. By signing below, you give your authorization for Dallas Renal Group or their representative to use or disclose your protected health information to the individuals or groups listed below. These individuals or groups may be contacted regarding your health issues, and you should list at least one person who assists you when you are ill.

Name: _____ Relationship:_____

Name: _____ Relationship:_____

Name: _____ Relationship:_____

Dallas Renal Group will make attempts to contact you in the following order of communication methods:

Cell Phone: Voicemail/Text Message
Home Phone: Answering machine
Email
Work Phone: Voicemail
If you have a preference for alternative modes of communication, kindly provide a written request specifying your preferred method(s).

I understand that I may revoke this authorization at any time, and such revocation must be done in writing. This authorization will remain valid until written notice of termination is received. Any additions or deletions to this list must also be submitted in writing.

Patient's Name (Print): _____

Signature: _____

Date: _____

Note: This form must be completed for any information to be disclosed to a spouse, family member, organization, or individual assisting you with your medical care, appointments, or insurance.