



The
HAND & PLASTIC SURGERY
CENTER of Katy

23960 Katy Freeway, Suite 380, Katy, TX 77494
Tel 832-232-4263 Fax 844-342-4263
www.handandplasticskaty.com

Communication Preferences & Email Policy

I wish to be contacted in the following manner (Check all that apply):

☐ **HOME PHONE:**

- ☐ OK to leave a voice message with detailed information
☐ OK to leave a voice message with callback number only

☐ **CELL PHONE:**

- ☐ OK to leave a voice message with detailed information
☐ OK to leave a voice message with callback number only

☐ **EMAIL***:** _____

For billing or other written communication, please mail to:

☐ Home address ☐ Work Address ☐ Other: _____

**** EMAIL POLICY:** For routine, *non-emergency* questions or concerns, you may email us at **office@HandAndPlasticsKaty.com**. Please allow up to 24 hours for a response (excluding weekends & holidays). Include your name, date of birth, return telephone number, and concern in the email. We ask that you acknowledge receipt of any email coming from this office. Please note that any email sent to the office will be processed by the office staff and will be seen by people other than your physician. While we are dedicated to keeping your protected health information confidential, we cannot guarantee any breaches in confidentiality beyond the office's control.

Assume that your email has not been reviewed until you get a response email. If more than 2 business days have passed, please call the office at 832-232-4263.

Patient Name

Patient/Parent Signature

Date

Witness

Date