

NOTICE FOR REQUEST OF DISCLOSURE OF SOCIAL SECURITY NUMBER

Disclosure of your Social Security Number (SSN) is required of you in order for The University of Texas Health Science Center at San Antonio (UTHSCSA) to bill and collect for patient services. Federal law mandates a social security number is required to obtain benefits under Medicare and Medicaid (42 USC, Section 1320-7(1)). For commercial insurance, there is no statute or authority that requires that you disclose your SSN for this purpose. Failure to provide your SSN, however, may result in us not filing claims for your patient care because commercial insurance requires a SSN. Further disclosure of your SSN is governed by the Public Information Act (Chapter 552 of the *Texas Government Code*) and other applicable law.

NOTICE ABOUT INFORMATION LAWS AND PRACTICES

With few exceptions, you are entitled, on your request, to be informed about the information UTHSCSA collects about you. Under sections 552.021 and 552.023 of the *Texas Government Code*, you are entitled to receive and review the information. Under Section 559.004 of the *Texas Government Code*, you are entitled to have UTHSCSA correct information about you that is held by UTHSCSA and is incorrect, in accordance with the procedures set forth in The University of Texas Business Procedures Memorandum 32. The information that UTHSCSA collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the *Texas Government Code*) and rules. Different types of information are kept for different periods of time.

You may send any requests to Harry S Lynch Jr., MBA, CPA
 By mail to: 7703 Floyd Curl Dr, San Antonio, TX 78229-3900
 By e-mail to: lynch@uthscsa.edu
 By fax to: (210) 567-7027
 In person at: Medical School Building, Room 426

Consent for Release

I consent for the release of my social security number for the purpose stated above.

Patient's Name: Lois Scheier



 Patient or Patient Representative Signature

October 21, 2013

 Date

 Authorized Signer if different from Patient

 Relationship to Patient