



CDS IN TEXAS STATUS CHANGE FORM

UPDATED INFORMATION IS FOR: (circle one) Client / Employer / DR / Employee

Your Full Name: _____ **Last 4 of Social Security #:** _____

Effective Date: _____

I am updating the following information:

Address Change: _____

Phone: _____

Name: _____

Email: _____

Other: _____

Self Service Request: _____ Check here if you need access to Employee Self Service.

NEW ADDRESS AND PHONE NUMBER CHANGE

Physical Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Cell Phone:** _____ **Fax Number:** _____

PERMISSION TO CONTACT ELECTRONICALLY FOR THE EMPLOYER/DR

New rules passed by the Texas Legislature require us to get permission from you to email information to you using our current Outlook email server or to **respond to emails or texts you send to us**.

If you want us to be able to communicate with you electronically, please sign below. Examples of email communications include: responding to emails you send to us, responding to or requesting information, through Secure Email, from your case manager/service coordinator, yourself, and any other communication that contains your personal health information. Examples of "Personal Health Information" include your name, date of birth, or medical record number. ALL emails with your Personal Health Information will be sent by CDS in Texas/Lifespan Home Health emails.

Yes, use email

No, do not use email

I understand that I may revoke this authorization at any time by submitting a written request to the office.

Signed: _____ **Date:** _____

Employer or Designated Representative

Printed Name: _____

UPDATED EMAIL ADDRESS FOR THE CLIENT / EMPLOYER / DR / EMPLOYEE

Email Address: _____

Additional Comments: _____

Signature: _____ **Date:** _____