HCA | information technology & services

North Texas Division

Please Fax Form(s) To 469-484-2017

Primary Care Notification Request

***Required Fields – form will only be processed if all fields are complete**

*Type of request: ☐ SMS Text **and/or** ☐ Email ☐ Remove Access	
*Office Phone Number: ☐☐☐ - ☐☐☐ - ☐☐☐☐	
* Practice Name/Physician Name:	*Specialty:
*Office Address:	*Facility:

Primary Care Physician Notification: (If you are designated as the Primary Care Physician and would like to be notified via text and/or email that your patient has been seen or is in an HCA facility)

Cell Phone: *Email address:

☐☐☐ - ☐☐☐ - ☐☐☐☐ _____

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Carrier (ATT, Sprint, Verizon)

Additional Staff to be notified: (Office Manager, etc.)

Cell Phone: Email address:

☐☐☐ - ☐☐☐ - ☐☐☐☐ _____

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Carrier (ATT, Sprint, Verizon)

*Physician Printed Name:	Date: ☐☐ / ☐☐ / ☐☐
*Physician Signature:	

If you do not currently have access to hCare Portal, please contact our Physician Dedicated Hotline @ 877-422-2060 to request access.