

**PARKLAND HEALTH & HOSPITAL SYSTEM  
PUBLIC ACCESS OPTION FORM**

\_\_\_\_\_  
(Name) Please Print

\_\_\_\_\_  
(ID Number)

The Public Information Act allows employees, public officials and former employees and officials to elect whether to keep certain information about them confidential. Unless you choose to keep it confidential, the following information about you may be subject to public release if requested under the Texas Public Information Act. Therefore, please indicate whether or not you wish to allow public release of the following information.

Home Address

Home Telephone Number

Social Security Number

Information that reveals whether you have family members

I elect to publicly release all the above information: No \_\_\_\_\_ Yes \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Please forward this completed form to the HR Records office as soon as possible. This request will be entered in the Human Resource system and placed in your employee personnel file. **Note:** your information may be subject to public release until this form is received in the HR Records office.

If you have any questions please call HR Records ext. 28870