

# Patient Guide





*"The blue and green shield of the Texas Health brand represents the weaving together of our traditions of faith, quality, compassion and innovation. It has become a symbol for healthcare that is trusted by the people we are privileged to serve."*

Barclay E. Berdan, FACHE, CEO  
Texas Health Resources

# Welcome

Thank you for choosing Texas Health for your health needs. It is a privilege for us to be your partner during this time. Our goal is to exceed your expectations in every interaction you have with Texas Health.

This guide was designed with you in mind, using insights from our patients and families, and contains information that they deemed most important and helpful while receiving care. We hope that you find it useful in preparing for and receiving care at this facility. If you have any special requests or concerns during your stay, please tell your nurse or any member of your care team, so we can work to meet your needs.

Your feedback is very important to us. You may receive a survey from our hospital. The survey can come via text message link to your mobile number, by email to your personal email account from Press Ganey or by paper mail to your home address. Our hope is that you take a few minutes to complete the survey and provide us with feedback about your visit. We put your feedback to good use and have used responses to make improvements to patient care.

Texas Health is proud of our faith-based heritage and our long-standing commitment to — and impact on — the community. We are humbled to be able to live out our Mission, to improve the health of the people in the communities we serve, each and every day. Thank you again for trusting Texas Health with your care and for choosing us to be your health partner for life!

## Mission

To improve the health of the people in the communities we serve.

## Vision

Partnering with you for a lifetime of health and well-being.

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# Professional and Physician Services

## Professional and Physician Services

The physicians on the medical staffs of Texas Health facilities practice independently and are not employees or agents of the facility. As a result, even though the facility may be an included provider in your health benefit plan, the professional services provided by the physicians on the medical staff may or may not be covered. The information below provides further details to help answer any questions surrounding this issue. Texas Health's Financial Assistance Policy does not apply to professional services other than Texas Health Physicians Group. Certain professional and physician services are often performed along with facility services as ordered by your various treating physicians who do not work for Texas Health. Examples include emergency physicians, anesthesiologists, hospitalists, pathologists and radiologists. You may or may not see all of these physicians directly; however, their services are an essential part of your care.

Listed below are some common physician specialists who may be involved in your care.

**Anesthesiologists or Certified Registered Nurse Anesthetists (CRNAs)** administer anesthesia and provide care to patients before, during and after procedures.

**Emergency Medicine** physicians evaluate and treat unexpected injuries and illnesses in the emergency room.

**Hospitalists** care for the patient during admission and work with the primary care physician to coordinate patient care, from admission to leaving the facility.

**Pathologists** examine body tissues to diagnose disease and to determine the cause of various conditions.

**Pulmonologists/Intensivists** generally treat patients in the intensive care unit (ICU); they also diagnose and treat lung and respiratory disorders.

**Radiologists** use radioactive equipment, including X-ray machines, to diagnose and treat diseases and injuries.

**Trauma Surgeons** utilize both operative and non-operative management to treat traumatic injuries, typically in an acute setting.

**OB Hospitalists** care for OB patients during admission and work with OB/GYNs to coordinate patient care, from admission to leaving the hospital.



## Billing for Out-of-Network Services

Physicians supervising and/or directing care at Texas Health Facilities are independent practitioners — not employees — of the facility. As a result, Texas Health cannot ensure that physicians are contracted providers with your insurance or other coverage company's provider network. For more information about out-of-network provider billing, visit <https://www.cms.gov/nosurprise>.

Below is a list of physician groups and/or professional service organizations that may have been involved in your care (it is not comprehensive). If you have questions about bills from professional and physician service providers, please contact them at the phone numbers and websites listed below or those listed on the billing statement.

Physician Group or Service Organization	Specialty	Phone	Website
Anesthesia Partners of Dallas	Anesthesiology	972-714-0022	
Children's Health	Anesthesiology	800-467-7404	childrens.com
Metropolitan Anesthesia Consultants (Metro Anesthesia)	Anesthesiology	800-411-7515	metroanesthesia.com/ billing-information
North Star Anesthesia	Anesthesiology	800-693-3271	patientaccounts.net
U.S. Anesthesia Partners™ (USAP)	Anesthesiology	Last name starting A-G 888-325-6084 Last name starting H-Z 512-354-7091	usap.com/texas-bill-pay
YPS Anesthesia Services	Anesthesiology	888-912-6517	ypsanesthesia.com
Texas Cardiac Associates	Cardiology	800-841-4236	texascardiac.com
TeamHealth	Emergency Medicine	800-353-2708	thbillpay.com
Texas Medicine Resources, LLP	Emergency Medicine	888-265-9878	pay.teamhealth.com
UT Southwestern	Emergency Medicine	866-590-2198	utswmed.org
Apogee Physicians	Hospitalist	866-869-2395	apogeephysicians.com
OB Hospitalist Group (OBHG)	Hospitalist	888-442-8454	OBHG.com
Premier (PHC) Physician Group	Hospitalist	682-237-4705	premierphcpg.com
Sound Physician Group	Hospitalist	866-765-0513	mydocbill.com/sndp
Texas Health Physicians Group®	Hospitalist	800-890-6034	texashealth.org
Dallas Pulmonology and Critical Care, PA	ICU Intensivist	817-622-0007	dallaspacc.com
Southwest Pulmonary Associates	ICU Intensivist	469-916-0087	swpulmonary.com
Texas Pulmonary and Critical Care Consultants, PA	ICU Intensivist	817-461-0201	texaspulmonary.com
CareFlite®	Medical Transport	877-490-8760	careflite.org
MedStar	Medical Transport	817-923-3700	medstar911.org
Pediatrix Medical Group, an affiliate of Mednax®	Neonatology	844-678-9580	mednax.com/patients/pay-your-bill
AmeriPath®	Pathology	800-890-6220	ameripath.com
Cleburne Pathology, PA	Pathology	469-537-7336	N/A
MD Pathology	Pathology	888-604-8378	mdpathology.com
North Dallas Pathology Services, PA	Pathology	214-432-9415	
North Texas Pathology Associates	Pathology	972-526-0300	ntpath.com/Patients.htm#
ProPath	Pathology	800-654-1888	propath.com/bill-pay
Cook Children's Physician Network	Pediatrics	888-852-6635	cookchildrens.org
American Radiology	Radiology	800-841-4236	msnllc.net
Radiology Associates of North Texas	Radiology	877-718-5728	mydocbill.comradntx.com
Texas Radiology Associates, LLP (TRA)	Radiology	972-497-2107	tra.mypatientfolio.com
UT Southwestern	Radiology	866-648-2455	utswmed.org/patient-resources/ billing-and-insurance/about-billing
Envision Physician Services	Trauma Surgeon	866-773-1284	EnvisionPhysicianServices.com/billing

# Helpful Patient Billing Information

**Thank you for choosing Texas Health for your healthcare needs. We are committed to improving the health of the people in the communities we serve. This includes helping you navigate the facility billing process.**

## Pre-Registration, Financial Clearance and Up-Front Payment

All patients should complete the registration for their upcoming appointment via their MyChart account. It is important to complete the registration to expedite your visit. If the information is incomplete, you may be contacted again or asked to complete at your appointment.

Our practice is to collect all known patient responsibility amounts prior to your appointment. This includes any deductible, co-payment or coinsurance amounts as provided by your coverage.

Patient responsibility is based on estimated total charges or contract allowable, as appropriate, per what your physician has ordered and scheduled. After service is provided, you will receive a final bill that will reflect actual patient responsibility amounts, less your pre-payment deposit. This amount may differ from what was estimated prior to service because the service or procedure may have changed during treatment. If you need assistance with completing registration, you may call **877-773-2368**.

## With Insurance or Other Coverage Payment

If you have health insurance or other coverage, we will bill your insurance or other coverage company that Texas Health has an agreement with, shortly after your visit. You should also receive an explanation of benefits (EOB) from your insurance or other coverage company shortly after your visit. This process is usually complete within 60 days after you leave the facility.

Your insurance or other coverage may contact you for additional information to process your claim. Often they need Coordination of Benefit information (COB). It is important that you respond to your coverage plan as quickly as possible to ensure you receive the maximum benefit from your coverage. If you have additional coverage that is determined to be the primary payor, please contact us at **800-890-6034** to provide any updated payor information.

After the insurance or other coverage payment has been received, you will receive a final billing statement from Texas Health for the remaining balance, which may include deductibles, copayments, coinsurance and any non-covered charges. If you have questions regarding the way your claim was processed, please contact your insurance or other coverage company directly.

Payment is due upon receipt of the final billing statement. If payment in full is not possible, Texas Health has payment options. Please visit [Texashealth.org/MyChart](https://www.texashealth.org/MyChart) to pay in full or create a payment plan. If you need assistance, or want to speak to a representative, you may contact customer services at **800-890-6034**.

## Without Insurance or Other Coverage Payment

Texas Health offers a discount for patients who do not have health insurance or other coverage. Your discount will be applied after service is provided and you are sent a final bill. Please visit [Texashealth.org/MyChart](https://www.texashealth.org/MyChart) to pay in full or create a payment plan. If you need assistance, or want to speak to a representative, you may contact customer services at **800-890-6034**.

## Multiple Bills Payment

Your facility bill contains charges for facility services only. Certain professional and physician services are often performed along with facility services as ordered by your various treating physicians. You will be billed separately for these services, such as those provided by your physician, emergency room physicians, radiologists, hospitalists, pathologists, cardiologists, neonatologists and/or other physicians who treat you.

Texas Health cannot ensure that physicians are contracted providers with your insurance or other coverage company's provider network. If an out-of-network physician provides professional services, it is likely you will be responsible for these expenses. Questions about these bills should be directed to the physician office listed on the physician billing statement for these services. You may also visit [TexasHealth.org/Costs-and-Billing/Federal-Surprise-Billing-Act](https://www.texashealth.org/Costs-and-Billing/Federal-Surprise-Billing-Act) for more information regarding Surprise Billing.

## Coordination of Benefits

Please contact your insurance or other coverage to clarify whether the patient is also covered by another insurance plan and discuss with them which insurance plan should be deemed as the primary payor. If another insurance is determined to be the primary payor, please contact Texas Health Resources at **800-890-6034** to provide updated insurance information.

## Request a Cost Estimate

It is our pleasure to provide you with a cost estimate. The estimate is based on facility charges for anticipated routine care and recovery, taking into consideration insurance or other coverage, copayments, deductibles, coinsurance and other information that may affect personal out-of-pocket costs. An estimate is just that; the actual charges may differ, depending on the actual care you receive.

### Call 877-773-2368, option 3 for a cost estimate

Monday – Friday, 8 a.m. – 6:30 p.m.

You may also request a cost estimate online at:

[www.texashealth.org/Costs-and-Billing/Get-a-Cost-Estimate](https://www.texashealth.org/Costs-and-Billing/Get-a-Cost-Estimate) – Pre-Registration, Financial Clearance and Up-Front Payment

## Online Bill Payment

If you have a balance after discharge, you may visit [TexasHealth.org/MyChart](https://www.texashealth.org/MyChart) to submit payment in full or create a payment plan. Texas Health accepts e-check, debit or credit cards.

Payment can also be made over the phone by calling our Customer Service Department at **800-890-6034**. Your account or guarantor number will be requested for this transaction.

## Customer Service

We are here to answer your questions and provide additional information. Our customer service representatives can be reached at **800-890-6034** from 7 a.m. to 6:30 p.m. (CST). A representative will request your account number and answer questions about your account and/or bill.

Customer service representatives are happy to assist with the following billing services:

- Pay your bill
- Discuss payment options
- Request an itemized bill
- Address insurance or other coverage questions
- Request financial assistance

Automated phone service is available 24 hours a day, seven days a week.

You may also send a billing message via MyChart. Questions can also be sent by email to [CustomerService@TexasHealth.org](mailto:CustomerService@TexasHealth.org).

Visit [TexasHealth.org](https://www.texashealth.org) for additional billing resources, including frequently asked questions, a sample bill and glossary of terms.

# Financial Assistance

## How Can I Get Assistance With My Bill?

Texas Health offers our patients the option of applying for Financial Assistance for your hospital bill. Our Financial Assistance Policy, the Financial Assistance Application and the Plain Language Summary are all available in English and Spanish as well as other languages, if needed. You may ask for help by applying for financial assistance at any time during your hospital stay or during the billing process.\*

## How Do I Qualify for Financial Assistance?

Per the Texas Health Financial Assistance Policy, once we have received a completed application, we will review income, assets or other resources. This review will allow us to determine if you may be eligible for a discount on your bill. Generally, if your income is less than or equal to 250% of the Federal Poverty Guideline, you may receive some financial assistance from Texas Health.

Federal Poverty Guidelines can be found at [aspe.hhs.gov/poverty/index.cfm](https://aspe.hhs.gov/poverty/index.cfm).

Our Financial Assistance Policy may also allow for help with your bill if your income is over 250% of the Federal Poverty Guideline. This help is based on annual income, family size and balance of your hospital bill.\*\*

Per our Financial Assistance Policy, all third party coverages should be exhausted prior to receiving financial assistance.

## How Can I Apply for Financial Assistance?

You may apply online for Financial Assistance at [TexasHealth.org/Mychart](https://TexasHealth.org/Mychart) or you may download a paper copy at [TexasHealth.org/Financial-Assistance](https://TexasHealth.org/Financial-Assistance). You may also obtain a paper copy at any of our Hospitals or by visiting our Central Business Office (*by appointment only*). Our Customer Service Department can assist you with scheduling an appointment. Please call **800-890-6034**.

## Process and Paperwork

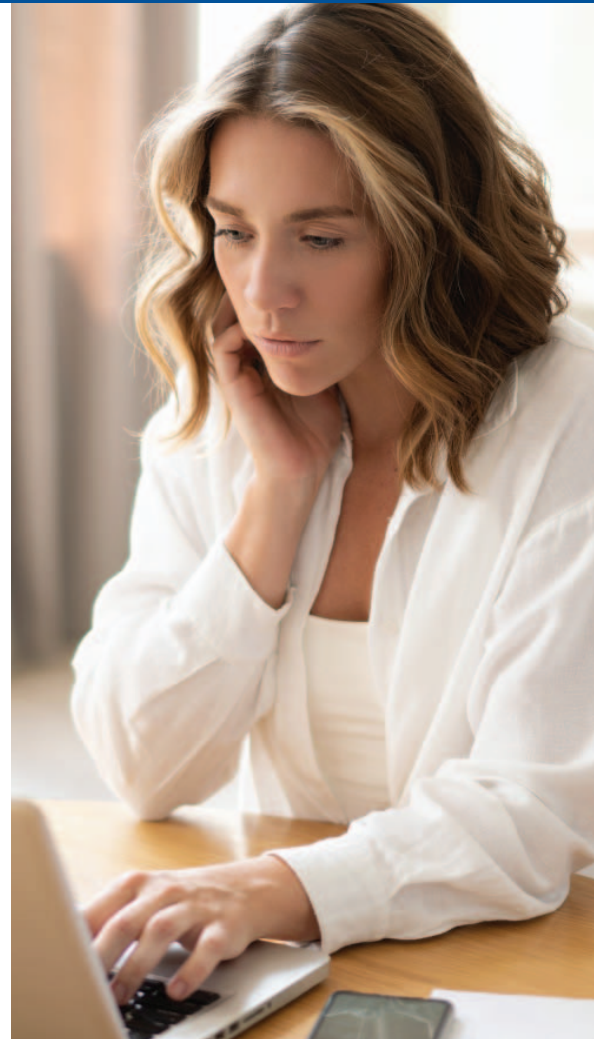
Please complete the application in full and provide all necessary documents. Incomplete applications will delay the decision. You are responsible for providing information about your health benefits, income, assets and any other paperwork that will help show you qualify. Paperwork might include bank statements, income tax forms, check stubs or other information.

## Emergency and Medically Necessary Care

If you qualify for help with your bill, you will not be charged more for emergency or medically necessary care than amounts generally billed to people who have coverage for the same type of care. To determine amounts generally billed, we use a look-back method (we compare the amount paid by covered patients and their coverage companies in the prior year).

## Collection Activities

Bills that are not paid approximately 120 days from the date of discharge may be transferred to an outside collection agency. You or the guarantor can apply for help with your bill during the collection process by contacting Customer Service at **800-890-6034**.



\*The Texas Health Financial Assistance Policy does not apply to bills from doctors, outside labs or other non-hospital healthcare providers other than Texas Health Physicians Group. For a complete listing, please see the Financial Assistance Policy.

\*\*In some cases, you may receive financial assistance from the hospital without applying.

# Communicating Your Medical Care Decisions

When you need medical care, certain decisions need to be made about the kind of care to be given. These decisions may become harder if you become unable to tell your doctor and loved ones what kind of medical care you want.

Every adult who understands the risks and benefits of treatment has the right to decide what may be done to his or her body. As a patient, you have the right to be told about your condition, the proposed treatment, the risks of not having the treatment, and treatments available. This information helps you make an informed decision about accepting or choosing not to have the treatment your doctor has discussed with you.

Under Texas law, you may provide advance directives regarding your medical care. That is, you may make your wishes concerning your medical care known before you actually need such care. An advance directive is followed when you are mentally or physically not able to express your wishes.

This guide will give you some basic information about your rights as a patient and about advance directives recognized in Texas. If you have questions, need further information or wish to sign an advance directive, contact your nurse. For more detailed information, you can also request the *Your Right To Choose* booklet.

## What are Texas Health's Policies on Consenting to Medical Treatment?

Texas Health Facilities are committed to honoring a patient's rights to make his or her own medical decisions, including the right to refuse treatment. Texas Health has adopted formal policies to respect your right to make an informed decision concerning your medical care to the extent permitted by law. The policies also acknowledge a patient's right to have advance directives and to honor treatment decisions made by a patient's agent under the patient's medical power of attorney. The policies describe the ways to inform patients about advance directives. If you would like more information about these policies, contact your nurse or physicians.

## What Is an Advance Directive?

An advance directive is a document that enables you to state your choices for medical treatment before you actually need such care. It may also name a person to make treatment choices for you in the event you are unable to. A signed advance directive will only be followed at the time you become mentally unable to make medical care decisions or state your wishes. The five kinds of advance directives recognized in Texas are:

- 1. Directive to Physicians and Family or Surrogates (also known as a living will)**

A Directive to Physicians and Family or Surrogates, also known as a living will, is a document that enables you to tell your doctor and those close to you what you wish to be done or not done should you need life-sustaining treatment. Your living will is followed when your doctor has determined that you have a terminal or irreversible illness and you are not able to state your wishes. Life-sustaining treatment is a treatment or procedure that sustains a patient's life and includes life-sustaining medicines and artificial life support such as mechanical breathing machines, kidney dialysis, and artificial nutrition and hydration. A living will can only be followed if you have been diagnosed with a terminal or irreversible illness and you are unable to tell others what treatments you wish or do not wish to receive. Before signing a living will, you should consider how you feel about the use of life-sustaining treatments during a terminal or irreversible illness.
- 2. Medical Power of Attorney (formerly called a durable power of attorney for health care)**

A Medical Power of Attorney enables you to appoint someone you trust ("your agent") to make medical care decisions for you should you become unable to make these decisions for yourself. The person you choose as your agent may make health care decisions on your behalf only when your doctor decides that you are unable to make them yourself. Your agent is able to make a broad range of medical care decisions for you, including agreeing to or refusing medical care, deciding to stop medical care and deciding to stop or not start life-sustaining treatment.
- 3. Do-Not-Resuscitate (DNR) Order (Inpatient)**

Your consent to a DNR order enables you to refuse certain life sustaining treatments while in a hospital inpatient setting. This advance directive must be signed by your doctor and consented to either in writing or orally by you.
- 4. Out-of-Hospital Do-Not-Resuscitate (DNR) Order**

An Out-of-Hospital DNR order enables you to refuse certain life-sustaining treatments outside of a hospital inpatient setting. An Out-of-Hospital DNR order form or ID necklace or bracelet will tell healthcare providers, such as paramedics, not to use CPR and other life-sustaining treatments.
- 5. Declaration for Mental Health Treatment**

Another type of advance directive deals only with mental health treatment. A declaration for mental health treatment enables you to tell healthcare providers your choices for mental health treatment, should you become unable to make decisions as a result of a mental illness. This document enables you to state the kinds of mental health services you do or do not agree to (including psychoactive medicines, convulsive treatment and choices for emergency treatment such as restraint, seclusion or medicine). You may obtain declaration of mental health treatment documents from a psychiatrist, psychologist, licensed social worker, other mental health provider or an attorney. A copy of the signed document should be provided to your doctor, family members, significant other, the person you have chosen as your healthcare agent and/or your attorney.

*Note: Most Texas Health facilities do not regularly provide mental health services. However, in accordance with federal law, it is the policy of Texas Health to provide written information to all adult inpatients on admission regarding their right to a declaration for mental health treatment and the written policies and procedures of the facility about these rights.*





## Where Should I Keep My Advance Directives?

You should keep the advance directive documents that you sign. Give a copy to your regular doctor and others who are likely to be with you if you become seriously ill. Give a copy of your living will and your medical power of attorney to the person you have chosen as your agent. You should keep a record of everyone who has a copy. Remember, you can change or cancel an advance directive at any time. If you wish to cancel an advance directive while you are in the facility, tell your doctor, family, healthcare agent and others who need to know.

## Must I Have an Advance Directive?

No one may force you to sign an advance directive. No one may deny you medical care or insurance coverage because you choose not to sign one. You are not required to complete advance directives as part of patient registration in a healthcare facility, nursing home or home healthcare agency. If you do sign one, it will not affect any of your other rights to consent to or refuse medical treatment.

## What If I Don't Have an Advance Directive?

If you have not signed an advance directive and you become ill and cannot state your wishes, your attending physician and certain family members can make decisions about your care.

## Where Can I Get the Documents for a Living Will or Medical Power of Attorney?

You can obtain Texas living will and medical power of attorney documents in the Pastoral Care and the Social Work Departments of the facility. If you have questions, consult with your doctor, clergy or attorney.

## It's Not Too Early

It is never too soon to talk about serious illness and the treatments you would or would not want if you were too sick or unable to state your wishes. Talk about it with your doctor and family. Put choices in writing in one or more advance directive documents.

## More Information

Ask your nurse if you need help completing an advance directive. If you have an advance directive and you feel it is being ignored, please contact the administrator on duty for access to the facility's ethics committee.

You may also contact the Texas Department of State Health Services regarding your concerns at the mailing address and telephone number listed below.

### Health Facility Complaint and Incident Intake Health and Human Services Commission

Mail Code E-249  
P.O. Box 149030  
Austin, TX 78714-9030

**888-973-0022**

**Download Texas living will and  
medical power of attorney forms  
at [TexasHealth.org/LivingWill](https://www.texashealth.org/LivingWill)**

# Your Rights and Responsibilities As a Patient

## Your Rights As a Patient

At Texas Health Facilities (or "Facility"), we believe that the protection and support of the basic human rights of freedom of expression, decision and action are important to the healing and well-being of our patients. Therefore, we strive to treat patients with respect and with full recognition of human dignity. Decisions regarding healthcare treatment will not be based on race, creed, sex, national origin, age, disability or sources of payment. As a patient of a Texas Health Facility:

1. You have the right to a reasonable response to your request and need for treatment or service, within the Facility's capacity, its stated mission, and applicable laws and regulations.
2. You have the right to be informed about which physicians, nurses and other healthcare professionals are responsible for your care.
3. You have the right to the information necessary for you to make informed decisions, in consultation with your physician, about your medical care, including information about your diagnosis, the proposed care and your prognosis in terms and a manner that you can understand before the start of your care. You also have the right to take part in developing and carrying out your plan of care.
4. You have the right to consent to or refuse medical care, to the extent permitted by law, and to be told of the risks of not having the treatment and other treatments that may be available.
5. You have the right to reasonable access to care. Although the Facility respects your right to refuse treatments offered to you, the Facility does not recognize an unlimited right to receive treatments that are medically ineffective or non-beneficial.
6. You have the right to care that is considerate and respectful of your personal values and beliefs. The Facility strives to be considerate of the ethnic, cultural, psychosocial and spiritual needs of each patient and family. The Facility acknowledges that care of the dying patient includes care with dignity and respect, management of pain and consideration for the patient's and family's expression of grief.
7. You have the right to have a family member or representative of your choice and your own physician notified promptly of your admission to the Facility.
8. You have the right to have your family take part in your care decisions with your permission.
9. You have the right, to the extent permitted by law, to have your legal guardian, next of kin or a surrogate decision-maker appointed to make medical decisions on your behalf in the event you become unable to understand a proposed treatment or procedure, are unable to express your wishes regarding your care or you are a minor. The person appointed has the right, to the extent permitted by law, to exercise your rights as a patient on your behalf.
10. You and your appointed representative have the right to take part in ethical questions that arise during your care.
11. You have the right to communicate with family, friends and others while you are a patient in the Facility unless restrictions are needed for therapeutic effectiveness. You also have the right to receive visitors of your choosing including a spouse, a domestic partner (including a same-sex domestic partner), family members, and friends. This right is subject to any clinically necessary or reasonable restrictions imposed by the Facility or your doctor. You also have the right at any time to refuse to have visitors.
12. You and your legal representative have the right to access the information contained in your medical record in a timely manner subject to state and federal law.
13. You may request an explanation of your Facility bill, even if you will not be paying for your care.
14. You have the right to issue advance directives and to have doctors at the Facility and Facility staff follow your directives in accordance with state and federal law.
15. You have the right to personal privacy and for your medical information to be kept confidential within the limits of the law.
16. You have the right to receive care in a safe setting.
17. You have the right to be free from abuse or harassment.
18. You have the right to be free from restraints that are not medically necessary; restraints include physical restraints and medicines.
19. You have the right to be free from seclusion and restraints for behavior management except in emergencies as needed for your safety when less restrictive means may have been ineffective.
20. You have the right to consent to or refuse to take part in any human research or other educational project affecting your care. You also have the right to be given information about the expected benefits and risks of any research you choose to take part in and any alternative treatment that might benefit you. Refusing to take part in the research or project will in no way affect your care.
21. You have the right to have your pain assessed and managed properly and to receive information about pain and pain relief measures.
22. You have the right to obtain information concerning the relationship of the Facility to other healthcare Facilities as they relate to your care.
23. You have the right to submit a complaint to the Facility regarding your care or regarding any belief you have that you are being discharged too soon. Your care will not be affected by submitting a complaint. The steps for doing so are at the end of this statement.
24. You have a right to request and/or be provided language assistance, i.e., interpreter services, if you have a language barrier or hearing impairment. This will be provided at no cost to you to help you actively participate in your care.

## Your Responsibilities As a Patient

Your contribution to your healthcare is vital, and you can be involved in the healthcare process by fulfilling certain responsibilities. As a patient, it is your responsibility to:

1. Provide correct, complete information about your medical condition and any past or current medical treatment.
2. Ask questions or acknowledge when you do not understand the treatment course or care decision.
3. Follow the treatment plan recommended by your physician and other healthcare professionals. If you choose not to follow your treatment plan, you are responsible.
4. Discuss with your doctor and nurse what to expect regarding pain and pain management relating to your illness, including a) options for pain relief, b) potential limitations and side effects of treatment for pain, and c) any concerns you have about taking pain medicines. It is your responsibility to ask for pain relief when pain begins and to tell your doctor or nurse if your pain is not relieved.
5. Be considerate and respectful of other patients, Facility employees and your physicians.
6. Follow Facility rules regarding the conduct of patients, including smoking.
7. See that payment of charges for your healthcare services are paid as promptly as possible. If a third party is paying these charges, you can assist the payment process by providing complete and correct financial, insurance and other coverage information.
8. Aggressive behavior will not be tolerated. Examples of aggressive behavior include physical assault, verbal harassment, abusive language and threats.

## Problem Resolution

Our goal is to exceed your expectations in every interaction you have. If you have a concern about your care or experience, please let us know immediately.

**An issue can be addressed most promptly by speaking with your nurse or another healthcare professional involved in your care. However, if you feel an issue is not being addressed appropriately or if you need additional assistance, please call the Facility's main number listed in this guide and ask for an administrator or grievance coordinator.**

Federal law gives every Facility patient the right to be informed on how to submit a complaint to the Facility relating to his/her care or relating to the belief that he/she is being discharged from the Facility prematurely. Each patient has the right to be informed on how the complaint will be considered, including the response and resolution process developed by the Facility. The complaint resolution process is part of the Facility's confidential Quality Improvement Program.

The administrator or grievance coordinator can explain the process of how to submit a complaint. Complaints may be submitted either verbally or in writing. You will also receive information about complaint resolution either verbally or in writing, depending on the nature of the complaint. All complaints are documented at the time of notification and are promptly investigated. If the complaint is considered to be a formal grievance, you will receive a written response within 30 days from the date of notification.

If you feel that your issue is not being resolved or addressed satisfactorily by the Facility, you may contact:

### Health and Human Services Commission Complaint and Incident Intake

**Complaint hotline (Monday–Friday, 8 a.m.–5 p.m. CST)**  
888-973-0022 or 800-735-2989 (hearing/speech impaired)

**Email:** [HFC.Complaints@hhs.texas.gov](mailto:HFC.Complaints@hhs.texas.gov)  
**Website:** <https://www.hhs.texas.gov/services/your-rights>  
**Address:** Health and Human Services Commission  
Complaint and Incident Intake  
Mail Code E-249  
P.O. Box 149030  
Austin, TX 78714-9030

### The Joint Commission

**Phone:** 800-994-6610 (automated instructions on how to file a report or concern)

**Online or Fax:** From [jointcommission.org](http://jointcommission.org), choose *Report a Patient Safety Event* from the Action Center on the homepage. You may submit a concern online or print the form and submit via fax to 630-792-5636.

**Mail:** Print/complete the form (see above) and mail to:  
Office of Quality and Patient Safety  
The Joint Commission  
One Renaissance Blvd.  
Oakbrook Terrace, IL 60181

Patient safety event reports can be submitted anonymously and confidentially. However, those who provide their name and contact information enable The Joint Commission to contact them for more information, if necessary, and to confirm how the report is handled.

Medicare beneficiaries with grievances regarding quality of care, coverage decisions or premature discharge have a right to refer their complaint for review by the Quality Improvement Organization, a group of doctors who are paid by the federal government to review medical necessity, appropriateness and quality of Facility treatment furnished to Medicare patients. Contact:

### Kepro

**Phone:** 888-315-0636 or 813-280-8256  
**TTY:** 855-843-4776  
**Fax:** 844-878-7921  
**Email:** [beneficiary.complaints@hcqis.org](mailto:beneficiary.complaints@hcqis.org)  
**Address:** 5201 West Kennedy Blvd., Suite 900  
Tampa, FL 33609

A patient who feels he or she has been discriminated against at a Texas Health Facility on the basis of race, color, national origin, disability or age has a right to file a complaint. The written account of the alleged discrimination should be sent or delivered to the attention of the hospital president or grievance coordinator at the specific Facility, preferably within 30 days.

## Texas Health Facility Contact Information

- ❑ **Texas Health Arlington Memorial Hospital** | 817-960-6100  
800 W. Randol Mill Road, Arlington, TX 76012
- ❑ **Texas Health Heart & Vascular Hospital** | 817-960-3590  
811 Wright Street, Arlington, TX 76012
- ❑ **Texas Health Center for Diagnostics and Surgery Plano** | 972-403-2700  
6020 W. Parker Road, Plano, TX 75093
- ❑ **Texas Health Flower Mound** | 463-322-7079  
4400 Long Prairie Road, Flower Mound, TX 75028
- ❑ **Texas Health Harris Methodist Hospital Alliance** | 682-212-2000  
10864 Texas Health Trail, Fort Worth, TX 76244
- ❑ **Texas Health Harris Methodist Hospital Azle** | 817-444-8600  
108 Denver Trail, Azle, TX 76020
- ❑ **Texas Health Harris Methodist Hospital Cleburne** | 817-641-2551  
201 Walls Drive, Cleburne, TX 76033
- ❑ **Texas Health Harris Methodist Hospital Fort Worth** | 817-250-2000  
1301 Pennsylvania Ave., Fort Worth, TX 76104
- ❑ **Texas Health Neighborhood Care & Wellness Burleson** | 817-782-8000  
2750 S.W. Wilshire Blvd., Burleson, TX 76028
- ❑ **Texas Health Neighborhood Care & Wellness Willow Park** | 817-757-1500  
101 Crown Pointe Blvd., Willow Park, TX 76087
- ❑ **Texas Health Harris Methodist Hospital Hurst-Euless-Bedford** | 817-848-4000  
1600 Hospital Parkway, Bedford, TX 76022
- ❑ **Texas Health Springwood Behavioral Health Hurst-Euless-Bedford** | 682-236-6023  
2717 Tibbets Drive, Bedford, TX 76022
- ❑ **Texas Health Harris Methodist Hospital Southwest Fort Worth** | 817-433-5000  
6100 Harris Parkway, Fort Worth, TX 76132
- ❑ **Texas Health Hospital Clearfork** | 817-433-7000  
5400 Clearfork Main St., Fort Worth, TX 76109
- ❑ **Texas Health Harris Methodist Hospital Stephenville** | 254-965-1500  
411 N. Belknap St., Stephenville, TX 76401
- ❑ **Texas Health Hospital Frisco** | 469-495-2000  
12400 Dallas North Tollway, Frisco, TX 75033
- ❑ **Texas Health Presbyterian Hospital Allen** | 972-747-1000  
1105 Central Expressway N., Allen, TX 75013
- ❑ **Texas Health Presbyterian Hospital Dallas** | 214-345-6789  
8200 Walnut Hill Lane, Dallas, TX 75231
- ❑ **Texas Health Behavioral Health Dallas** | 682-236-6023  
8200 Walnut Hill Lane, Dallas, TX 75231
- ❑ **Texas Health Presbyterian Hospital Denton** | 940-898-7000  
3000 N. Interstate Highway 35, Denton, TX 76201
- ❑ **Texas Health Presbyterian Hospital Kaufman** | 972-932-7200  
850 Ed Hall Drive, Kaufman, TX 75142
- ❑ **Texas Health Presbyterian Hospital Plano** | 972-981-8000  
6200 W. Parker Road, Plano, TX 75093
- ❑ **Texas Health Neighborhood Care & Wellness Prosper** | 469-329-7900  
1970 W. University Drive, Prosper, TX 75078
- ❑ **Texas Health Seay Behavioral Health Plano** | 682-236-6023  
6110 W. Parker Road, Plano, TX 75093
- ❑ **Texas Health Recovery & Wellness Center** | 682-236-6023  
240 N. Miller Road, Mansfield, TX 76063
- ❑ **Texas Health Rockwall** | 469-698-1000  
3150 Horizon Rd., Rockwall TX 75032
- ❑ **Texas Health Southlake** | 817-748-8780  
1545 E. Southlake Blvd, Southlake TX 75092
- ❑ **Texas Health Specialty Hospital Fort Worth** | 817-250-5500  
1301 Pennsylvania Ave., Fort Worth, TX 76104

## Notice of Non-Discrimination

Texas Health Facilities, as a recipient of federal financial assistance, does not exclude from participation, deny benefits to, or otherwise discriminate against any person on the basis of race, color, gender, age, national origin, religion, or disability in admission to, participation in, or receipt of services and benefits of any of its programs and activities, whether carried out by the Facility directly or through a contractor or any other entity with whom the Facility arranges to carry out its programs and activities.

The Facility does not discriminate in patient admissions, room assignments, patient services, or hiring on the basis of race, color, gender, age, national origin, religion or disability.

The Facility provides free aids and services to people with disabilities to communicate effectively with us. The Facility also provides free language services to people whose primary language is not English. If you need these services, please let our staff know of your need for effective communication.

If you believe that the Facility has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, gender identity or sex, you can file a complaint. Please contact the 504 grievance coordinator at the Facility address listed in this guide to file a complaint.

A complaint should be in writing, contain the name and address of the person filing it, and briefly describe the discriminatory act.

A complaint should be filed with the 504 grievance coordinator within 30 days after you become aware of the alleged discriminatory act. The 504 grievance coordinator will investigate the complaint. The 504 grievance coordinator should issue a written decision determining the validity of the complaint no later than 30 days after its filing.

You can file a complaint of discrimination electronically through the Office for Civil Rights Complaint Portal: [ocrportal.hhs.gov/ocr/smartscreen/main.jsf](https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf) or by mail or phone at:

U.S. Department of Health and Human Services  
1301 Young St., Suite 1169 | Dallas, TX 75202  
800-368-1019, 800-537-7697 (TDD).

Complaint forms are available online at: [hhs.gov/ocr/complaints/index.html](https://hhs.gov/ocr/complaints/index.html).

## FIREARMS NOTICE



PURSUANT TO SECTION **30.05**, PENAL CODE (CRIMINAL TRESPASS), AND SECTION **30.06**, PENAL CODE (TRESPASS BY LICENSE HOLDER WITH A CONCEALED HANDGUN), AND SECTION **30.07**, PENAL CODE (TRESPASS BY LICENSE HOLDER WITH AN OPENLY CARRIED HANDGUN); A PERSON INCLUDING A PERSON LICENSED UNDER SUBCHAPTER H, CHAPTER 411, GOVERNMENT CODE (HANDGUN LICENSING LAW), MAY NOT ENTER THIS PROPERTY WITH A FIREARM, OR CONCEALED HANDGUN, OR HANDGUN THAT IS CARRIED OPENLY.

# Working Together for Patient Safety

When you visit a Texas Health Facility, you will meet many different people who work together to help care for you. We encourage you and your family/friends to be involved in your care. Learn about the many ways you can work with your nurses and doctors.

## Patient Falls

Patient falls can happen in healthcare facilities. Your medical condition and your medicines can make you weak, shaky or confused. Also, medical equipment, tubing and cords create extra challenges as you move around the room. What can you do?

- Call for help when getting out of bed or going to the bathroom
- Keep frequently used items within easy reach
- Keep your room free of clutter

## Clean Hands

Cleaning your hands by washing them or using hand gel is the single most important thing that can be done to prevent infection.

Wash your hands often with soap and water for at least 20 seconds or use alcohol-based hand sanitizer that is at least 60% alcohol if soap and water are not available.

- Ask your family and friends to clean their hands.
- If you do not see a healthcare team member cleaning his or her hands, ask them to do so.
- Use a tissue to cover your coughs and sneezes. Throw the used tissue away and clean your hands afterward.

## Patient Identification

Medicines and treatments offer benefits as long as they are for the right patient for the right reasons.

- Your doctors and nurses will ask you your name and date of birth often, and compare your information to your medical records.
- Always ask questions if you are unsure about anything.
- Keep your wristband(s) visible and in place.

## Time Outs

If you are going to have a procedure or surgery, your doctors and nurses will go through a checklist to make sure that everyone is prepared. This checklist is called a "Time Out."

- Your doctors and nurses will check your information, your procedure/surgery, the location on your body and any additional details
- If you are awake, listen and answer any questions from your doctors and nurses. Please speak up if you have any questions or concerns

## Antibiotics

At Texas Health, we are dedicated to your safety and well-being. Antibiotic stewardship includes educating patients, family/friends, and your doctors and nurses about choosing the best antibiotic plan for you in order to stop the unnecessary use of antibiotics and to lessen antibiotic resistance.

It is important to understand when and how to take antibiotics. Antibiotics are only used to treat infections caused by bacteria and fungus. They are not used to treat infections caused by viruses. Taking antibiotics the wrong way can make you sicker and can lead to antibiotic resistance.

If you are supposed to take antibiotics, make sure that you know how to take your medicine and that you finish taking all of it. If you are not sure, please ask your doctors and nurses.

If you are sick, and you are not supposed to take antibiotics, ask your doctors and nurses about what you can do to feel better.

Sickness	Usual Cause of Sickness		Is an antibiotic needed?
	Viruses	Bacteria	
Cold/Runny Nose	✓		NO
Bronchitis/Chest Cold (in healthy people)	✓		NO
Whooping Cough		✓	YES
Flu	✓		NO
Strep Throat		✓	YES
Sore Throat ( <u>not</u> strep throat)	✓		NO
Fluid in the Middle Ear (otitis media with effusion)	✓		NO
Bladder Infection with Signs and Symptoms (UTI – urinary tract infection)		✓	YES

Source: U.S. Centers for Disease Control and Prevention

## Isolation Precautions

Sometimes, extra measures are taken to prevent the spread of infection. If needed, gowns, masks, face shields and/or gloves will be used by your doctors and nurses, family or other visitors. Please ask if you have any questions or concerns.

## SCDs (Sequential Compression Devices) and Foot Pumps

SCDs (sequential compression devices) and foot pumps are medical equipment devices worn to help prevent blood clots and swelling. Your nurse will let you know which one of these your doctor wants you to wear after surgery or when you are not able to get out of bed and move around. SCDs go around your legs and foot pumps wrap around your feet. In either case, air inflates the equipment at timed intervals (20-60 seconds) and massages your legs/feet to keep your blood moving.

SCDs and foot pumps are an important part of your care. Do not change the settings or remove the SCDs or foot pumps on your own. If something feels uncomfortable or if you notice changes to your skin, please let staff know right away. Also, as with any part of your care, always say something if you have questions or concerns.

# Your Comfort Is Important To Us

## Why Is a Comfort Plan Important?

When you are comfortable, you usually sleep and eat better, have more energy and heal faster.

## What Comfort Techniques Can Be Used?

We have a variety of things that may help you feel more comfortable and improve your healing. Using some of these techniques together with pain medicine may help you feel better and more relaxed than with pain medicine alone. You may find that some work better for you than others. Additional comfort measures include: applying heat or cold, prayer, relaxation techniques, music, changing positions and using pillows. We will work together to create a personal comfort plan and check in regularly about what is working for you.

## What Medicines Can Be Used?

In addition to comfort measures, there are many kinds of pain medicines that can help you feel better. The type of medicine depends on the kind of pain you are having,

what is causing your pain, your medical history, and many other factors. Medicines such as Tylenol® (acetaminophen), aspirin or Advil® (ibuprofen) are used for mild to moderate pain. Other medicines such as muscle relaxants and antidepressants are also helpful in other situations. Your doctor will decide if stronger medicines are needed.

## What Are Common Medicine Side Effects?

Common side effects include feeling sick at your stomach (nausea) or vomiting, stomach pain, constipation, tiredness, dizziness and headache.

## Before You Go Home, Understand Your Plan for Comfort.

- What can be done to increase my comfort?
- Which medicine, how much medicine and how often should I take medicine?
- What are the side effects of my medicine?
- How can my medicine side effects be prevented and treated?
- What are some non-medicine approaches that can help my pain?

## How Will My Daily Activities Change My Comfort?

Daily activities can change your comfort level and how medicine works. Movement and activity can increase your discomfort and/or lessen how well your pain management treatments work. Some people find it helpful to rest between activities and time activities while their pain medicine is most effective. Many find these things helpful:

- Plan rest breaks
- Take your time during normal activities
- Rest before feeling tired
- Get 6–8 hours of sleep every night

If it is hard to relax, listen to your favorite music, picture a calm place or activity, pray or meditate.

## What Should I Ask My Doctor or Nurse?

At any time, please ask questions and share your concerns about your medicines, your comfort level and your comfort plan.

## Safe Use, Storage and Disposal of Medicines.

If you go home with medicine, ask your nurse about the safe use, storage and disposal of the medicine.

# Electronic Health Records

## What Is a Texas Health Electronic Health Record?

An electronic health record is a computerized health record. It serves as a central repository of key facts, as well as test and surgical results, gathered from points of contact you may have experienced: the Emergency Department, outpatient diagnostic testing and screenings, a surgery, an inpatient facility stay or a physician office using the same electronic health record.

## What Is Stored In a Texas Health Electronic Health Record?

Your record may include your health and family health histories, medicines, lab results, radiology results, physician notes and surgical notes.

## How Do Electronic Health Records Benefit Me?

**Safety:** Instructions, results and orders are typed, not handwritten. Medicine interactions and allergies can be noted for your protection.

**Coordination of care:** The professionals who may be involved in your care have access to a central place for your medical history.

**Cost effectiveness:** Tests may not need to be duplicated when results are easily accessible.

**Emergency care:** Your records may reflect your wants, needs and treatments, even when you might not be able to remember or speak for yourself.

## How are My Physicians Connected and How Do They Use the Texas Health Electronic Health Record?

Physicians on the medical staffs of Texas Health Facilities who are involved in your care have access to these records as authorized by the form you sign upon registration/admission. They may access these records from on-site and off-site computers to oversee and guide your care. Information that they have in their office files — paper or computer-stored — may or may not be part of these records.

A growing number of primary care physicians (with your permission), can access these files through Texas Health's electronic health record system, even though they may not supervise your care while you are in the hospital. It is a means for these physicians to stay connected with your progress and results as you return to them for your follow-up care.

## How Is My Information Protected?

Texas Health complies with privacy and security laws for the protection of health information. Members of the treatment team have access to records in order to care for you, whether you are able to speak for yourself or not. "Treatment team" refers to your physician and other healthcare professionals. Should you want family and friends to be informed about your healthcare and condition, you may authorize this on a form you sign at admission/registration. Each facility has a privacy officer who can answer your questions about the use of and access to health information.

# Medicare Outpatient Medicines

## Important Coverage Information for Medicare Patients

### Questions and Answers

The Medicare program provides only limited benefits for outpatient medicines. Specifically, Medicare does not cover medicines that are usually “self-administered.” As a result, facilities must bill Medicare patients directly for what Medicare considers “usually” self-administered. Patients in observation status are considered outpatient by Medicare. Here are answers to commonly asked questions about Medicare coverage of outpatient medicines.

#### 1. What are outpatient self-administered medicines?

Medicines that Medicare considers usually “self-administered” by a patient are not covered under Medicare Part B (outpatient coverage) when furnished to a facility outpatient. This includes patients who are in the facility for outpatient observation to determine if an inpatient admission is needed.

#### 2. What are examples of medicines that Medicare considers usually self-administered?

Medicines taken by mouth, placed on the skin or inserted in a suppository form are generally considered self-administered by Medicare. This includes daily insulin, unless provided in an emergency situation to a patient who is in a diabetic coma. In addition, medicines provided for continued use at home after leaving the facility are not covered.

#### 3. Are medicines given to me by a nurse covered?

Medicare does not pay for most outpatient medicines even if a nurse has to pour or crush it in some manner prior to giving it to you.

#### 4. Does Medicare pay for self-administered medicines provided after an outpatient surgery?

Medicare does not cover self-administered outpatient medicines even if provided after an outpatient surgery or other outpatient procedure.

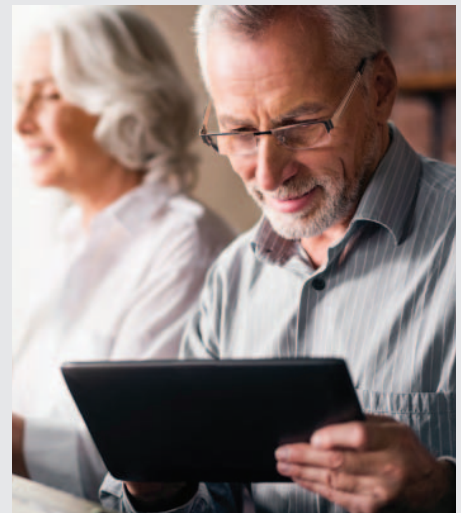
#### 5. If my status changes to inpatient during my stay, will these medicines be covered?

Yes. If your physician changes your status from an outpatient to an inpatient during your stay, your medicines will be covered under Medicare’s Part A hospitalization coverage. Remember, if your doctor keeps you in the facility for observation, this is considered an outpatient stay.

#### 6. Where can I get more information?

Please review the Medicare handbook, *Medicare and You*, for more information about your Medicare benefits. You may also call 800-MEDICARE (800-633-4227) or go online to [cms.hhs.gov](https://www.cms.hhs.gov).

## Online Resources



### Online Pre-Registration

**You can pre-register online — it’s fast, easy and secure.**

For your upcoming scheduled service, maternity stay or elective surgery, you may complete the facility pre-registration process online in MyChart. Start by gathering relevant primary and secondary insurance or other coverage information, the guarantor’s personal and employment specifics, and emergency contact numbers.

Visit [TexasHealth.org/Pre-Register](https://www.texashealth.org/pre-register) for instructions on how to pre-register using Texas Health’s MyChart.

All **maternity patients** should complete their pre-registration in MyChart’s Register My Delivery option as soon as possible to allow time to make financial arrangements before delivery.

Non-maternity patients with a scheduled procedure date should complete it at least three days prior to admission, and sooner where possible. Texas Health staff want to ensure that you have a great experience and coordinating with your coverage and you regarding any financial matters as early as possible is the best way to safeguard this. If your admission is not yet scheduled, please contact your physician to arrange a procedure date and time, then return to the website to complete your online pre-registration.

**For assistance or to pre-register by telephone, please call**

**877-PRE-ADMT (877-773-2368).**

**Hours of operation:**

**Monday – Friday, 8 a.m. – 6 p.m.**



# Notice of Privacy Practices

**This Notice describes how medical information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.**

## Understanding Your Health Information

Each time you visit a Facility, physician or other healthcare provider, a record of your visit is made in order to manage the care you receive. The Texas Health Resources Facilities listed on this document understand that the medical information that is recorded about you and your health is personal. The confidentiality of your health information is also protected under both state and federal law.

This Notice of Privacy Practices describes how Texas Health Facilities may use and disclose your information and the rights that you have regarding your health information. The Notice applies to all of Texas Health's healthcare Facilities (both inpatient and outpatient). It also applies to physicians and allied health professionals with staff privileges at Texas Health Facilities<sup>1</sup>, for Facility-based episodes of care conducted in cooperation with Texas Health Facilities.

Texas Health has an electronic health record and will not use or disclose your health information without written authorization, except as described in this Notice. Use or disclosure pursuant to this Notice may include electronic transfer of your health information.

## Your Health Information Rights

Although your health information is the physical property of the Facility or practitioner that compiled it, the information belongs to you, and you have certain rights over that information. You have the right to:

- Request, in writing, a restriction on certain uses and disclosures of your health information. However, agreement with the request is not required by law, such as when it is determined that compliance with the restriction cannot be guaranteed. In addition, you have the right to request, in writing, a restriction on disclosures of health information to a health plan with respect to treatment services for which you have paid out of pocket in full. In this case, we will honor the request. It will be your responsibility to notify any other providers of this restriction;
- Request, in writing, to inspect or obtain a copy of your health record as provided by law including complete lab results from the medical record department or the reference lab;
- Request, in writing, that your health record be amended as provided by law, if you feel the health information we have about you is incorrect or incomplete. You will be notified if the request cannot be granted;
- Request that we communicate with you about your health information in a specific way or at a specific location. Reasonable requests will be accommodated;
- Request, in writing, to obtain an accounting of disclosures or a report of who has accessed your health information as provided by law. The access report will only be available after federal regulations become effective; and
- Obtain a paper copy of this Notice of Privacy Practices on request. You may exercise these rights by directing a request to the privacy officer contact listed on this Notice.

## Our Responsibilities

Texas Health has certain responsibilities regarding your health information, including the requirement to:

- Maintain the privacy of your health information;
- Provide you with this Notice that describes Texas Health's legal duties and privacy practices regarding the information that we maintain about you;
- Abide by the terms of the Notice currently in effect; and
- Inform you that the hospital must keep your medical records for a time required by law and then may dispose of them as permitted by law.

Texas Health reserves the right to change these information privacy policies and practices and to make the changes applicable to any health information that we maintain. If changes are made, the revised Notice of Privacy Practices will be made available at each Texas Health Facility, posted on each Facility website and will be supplied when requested.

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<sup>1</sup>Doctors on the medical staffs practice independently and are not employees or agents of Texas Health hospitals or Texas Health Resources.

# Notice of Privacy Practices *(continued)*

## Uses and Disclosures of Health Information Without Authorization

When you obtain services from any Texas Health Facility, certain uses and disclosures of your health information are necessary and permitted by law in order to treat you, to process payments for your treatment and to support the operations of the Facility and other involved providers. The following categories describe ways that Texas Health Facilities use or disclose your information, and some representative examples are provided in each category. All of the ways your health information is used or disclosed should fall within one of these categories.

### Your health information will be used for treatment.

For example: Disclosures of medical information about you may be made to physicians, nurses, technicians, medical residents or others who are involved in taking care of you at a Texas Health Facility. This information may be disclosed to other physicians who are treating you or to other healthcare Facilities involved in your care. Information may be shared with pharmacies, laboratories or radiology centers for the coordination of different treatments.

### Your health information will be used for payment.

For example: Health information about you may be disclosed so that services provided to you may be billed to an insurance or other coverage company or a third party. Information may be provided to your health insurance or other coverage company about treatment you are going to receive in order to obtain prior approval or to determine if your health insurance or other coverage company will cover the treatment.

### Your health information will be used for healthcare operations.

For example: The information in your health record may be used to evaluate and improve the quality of the care and services we provide. Students, volunteers and trainees may have access to your health information for training and treatment purposes as they participate in continuing education, training, internships and residency programs.

## Health Information Exchange (HIE)

Texas Health participates in electronic health exchanges and may share your health information as described in this Notice. Participation is voluntary. You will be given the opportunity to opt in to the electronic health information exchanges at the time of admission/registration.

## Business Associates

There are some services that we provide through contracts with third-party business associates. Examples include transcription agencies and copying services. To protect your health information, Texas Health requires these business associates to appropriately protect your information.

## Directory

Unless you give notice of an objection, your name, location in the Facility, general condition and religious affiliation will be used for patient directories, in those Facilities where such directories are maintained. This information may be provided to members of the clergy. This information, except for religious affiliation, may also be provided to other people who ask for you by name.

## Continuity of Care

In order to provide for the continuity of your care once you are discharged from one of our Facilities, your information may be shared with other healthcare providers such as home health agencies. Information about you may be disclosed to community services agencies in order to obtain their services on your behalf.

## Disclosures Requiring Verbal Agreement

Unless you give notice of an objection, and in accordance with your agreement, medical information may be released to a family member or other person who is involved in your medical care or who helps pay for your care. Information about you may be disclosed to notify a family member, legally authorized representative or other person responsible for your care about your location and general condition. This may include disclosures of information about you to an organization assisting in a disaster relief effort, such as the American Red Cross, so that your family can be notified about your condition. You will be given an opportunity to agree or object to these disclosures except as due to your incapacity or in emergency circumstances.

To request copies of your medical records, please contact our Release of Information Department.  
Phone: 855-681-8243 | Email: HIMSROI@TexasHealth.org | Address: 500 E. Border St., Suite 700, Arlington, TX 76010

## Disclosures Required by Law or Otherwise Allowed Without Authorization or Notification

The following disclosures of health information may be made according to state and federal law without your written authorization or verbal agreement:

- When a disclosure is required by federal, state or local law, judicial or administrative proceedings or for law enforcement. Examples would be reporting gunshot wounds or child abuse or responding to court orders;
- For public health purposes, such as reporting information about births, deaths and various diseases, or disclosures to the FDA regarding adverse events related to food, medicines or devices;
- For health oversight activities, such as audits, inspections or licensure investigations;
- To organ procurement organizations for the purpose of tissue donation and transplant;
- For research purposes, when the research has been approved by an institutional review board that has reviewed the research proposal and established guidelines to provide for the privacy of your health information; or the disclosure is that of a limited data set, where personal identifiers have been removed;
- To coroners and funeral directors for the purpose of identification, the determination of the cause of death or to perform their duties as authorized by law;
- To avoid a serious threat to the health or safety of a person or the public;
- For specific government functions, such as protection of the president of the United States;
- For workers' compensation purposes;
- To military command authorities as required for members of the armed forces;
- To authorized federal officials for national security and intelligence activities as authorized by law; and
- To correctional institutions or law enforcement officials concerning the health information of inmates, as authorized by law.

### Other uses or disclosures of your health information that may be made include:

- Contacting you to provide appointment reminders for treatment or medical care, as well as to recommend treatment alternatives;
- Notifying you of health-related benefits and services that may be of interest to you;
- Contacting you about disease management programs, wellness programs or other community-based initiatives or activities in which Texas Health participates;
- If Texas Health is paid by any third party to provide communication to you because you are a patient, you will be informed that Texas Health is being paid. You have the right to opt out of receiving such communication; and
- Using your health information for the purposes of fundraising for a Texas Health Facility. You will have the opportunity to opt out of any future communication. Contact the Texas Health Resources Foundation at **682-236-5200** to opt out.

### Breach Notification

In certain instances, you have the right to be notified in the event that we, or one of our business associates, discover an inappropriate use or disclosure of your health information. Notice of any such use or disclosure will be made as required by state and federal law.

### Required Uses and Disclosures

Under the law we must make disclosures when required by the secretary of the U. S. Department of Health & Human Services to investigate or determine our compliance with federal privacy law.

## Uses and Disclosures Requiring Authorization

Any other uses or disclosures of your health information not addressed in this Notice or otherwise required by law will be made only with your written authorization. You may revoke such authorization at any time. Specific examples of uses or disclosures requiring authorization include: use of psychotherapy notes, marketing activities and some types of sale of your health information.

# Notice of Privacy Practices *(continued)*

## Privacy Complaints

You have the right to file a complaint if you believe your privacy rights have been violated. This complaint may be addressed to the privacy contact listed in this Notice or to the secretary of the U. S. Department of Health & Human Services. There will be no retaliation for registering a complaint.

## Privacy Contact

Address any questions about this Notice or how to exercise your privacy rights to the applicable privacy officer contact listed below.

## Effective Date

This Notice became effective on April 14, 2003. Revised: October 25, 2018.

## Privacy Officer Contacts

<input type="checkbox"/> Texas Health Arlington Memorial Hospital	877-847-7182
<input type="checkbox"/> Texas Health Heart & Vascular Hospital	800-381-4728
<input type="checkbox"/> Texas Health Center for Diagnostics and Surgery Plano	877-847-0052
<input type="checkbox"/> Texas Health Flower Mound	877-847-0052
<input type="checkbox"/> Texas Health Hospital Frisco	888-847-0012
<input type="checkbox"/> Texas Health Harris Methodist Hospital Alliance	877-847-7549
<input type="checkbox"/> Texas Health Harris Methodist Hospital Azle	877-847-7219
<input type="checkbox"/> Texas Health Harris Methodist Hospital Cleburne	877-847-3028
<input type="checkbox"/> Texas Health Harris Methodist Hospital Fort Worth	877-847-7229
<input type="checkbox"/> Texas Health Neighborhood Care & Wellness Burleson	
<input type="checkbox"/> Texas Health Neighborhood Care & Wellness Willow Park	
<input type="checkbox"/> Texas Health Harris Methodist Hospital Hurst-Euless-Bedford	877-847-7062
<input type="checkbox"/> Texas Health Springwood Behavioral Health Hurst-Euless-Bedford	877-847-7633
<input type="checkbox"/> Texas Health Harris Methodist Hospital Southwest Fort Worth	877-847-3032
<input type="checkbox"/> Texas Health Hospital Clearfork	877-847-3032
<input type="checkbox"/> Texas Health Harris Methodist Hospital Stephenville	877-847-2877
<input type="checkbox"/> Texas Health Presbyterian Hospital Allen	877-847-7535
<input type="checkbox"/> Texas Health Presbyterian Hospital Dallas	877-847-7282
<input type="checkbox"/> Texas Health Behavioral Health Dallas	877-847-7633
<input type="checkbox"/> Texas Health Presbyterian Hospital Denton	877-847-7584
<input type="checkbox"/> Texas Health Presbyterian Hospital Kaufman	877-847-7371
<input type="checkbox"/> Texas Health Presbyterian Hospital Plano	877-847-7391
<input type="checkbox"/> Texas Health Neighborhood Care & Wellness Prosper	
<input type="checkbox"/> Texas Health Seay Behavioral Health Plano	877-847-7633
<input type="checkbox"/> Texas Health Recovery & Wellness Center	877-847-7633
<input type="checkbox"/> Texas Health Rockwall	877-847-0052
<input type="checkbox"/> Texas Health Southlake	877-847-0052
<input type="checkbox"/> Texas Health Specialty Hospital Fort Worth	877-847-2839

## Notice Concerning Complaints

Complaints about physicians, as well as other licensees and registrants of the Texas Medical Board, including physician assistants, acupuncturists, surgical assistants, medical radiologic technologists, non-certified radiologic technicians, respiratory care practitioners, medical physicists, and perfusionists may be reported for investigation at the following address:

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**Texas Medical Board  
Attention: Investigations  
1801 Congress Avenue, Suite 9.200  
P.O. Box 2018  
Austin, Texas 78768-2018**

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Assistance in filing a complaint is available by calling the following telephone number:

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**1-800-201-9353**

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For more information please visit our website at:

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**[www.tmb.state.tx.us](http://www.tmb.state.tx.us)**

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## **PATIENT NOTIFICATION OF DATA COLLECTION**

PURSUANT TO: 84<sup>th</sup> TEXAS LEGISLATIVE REGULAR SESSION, HB 764 SECTION - 108.0095.

NOTIFICATION OF DATA COLLECTION which states: A provider shall provide to a patient whose data is being collected under this chapter written notice on a form prescribed by the department of the collection of the patient's data for health care purposes. The notice provided under this section must include the name of the agency or entity receiving the data and of an individual within the agency or entity whom the patient may contact regarding the collection of data. The department shall include the notice required under this section on an existing department form and make the form available on the department's internet website.

### **TEXAS HEALTH RESOURCES**

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This document shall provide notice to patients that the Texas Department of State Health Services, Texas Healthcare Information Collection program (THCIC) receives patient claim data regarding services performed by the named Provider. The patients claim data is used to help improve the health of Texas, through various methods of research and analysis. Patient confidentiality is held to the highest standard and your information is not subject to public release. THCIC follows strict internal and external guidelines as outlined in Chapter 108 of the Texas Health and Safety Code and the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

For further information regarding the data being collected, please send all inquiries to:

Bruce Burns  
THCIC  
Dept. of State Health  
Services  
Center for Health  
Statistics, MC 1898  
PO Box 149347  
Austin, Texas 78714-9347

Location  
Moreton Building, M-660  
1100 West 49th Street  
Austin, TX 78756  
Phone: 512-776-7261  
Fax: 512-776-7740  
Email: [thcichelp@dshs.texas.gov](mailto:thcichelp@dshs.texas.gov)

# Consent for Health Information Exchange

I authorize the Texas Health Resources facilities, Texas Health Physicians Group and Texas Health Urgent Care to use my medical information as described in the Notice of Privacy Practices for my continuing medical treatment and to release my medical information to my health care providers using the Health Information Exchanges in which facilities participate. I understand that my medical information may include communicable disease information including Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS), records related to mental health treatment and alcohol and substance abuse diagnosis or treatment, and I authorize release of that information as part of my medical record. Providers will attempt to exclude clearly identified mental health and substance abuse health information from the Texas Health Resources HIE, however some information may be included. Information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient provider and no longer protected. A Health Information Exchange is an organization that oversees and governs the exchange of health-related information among organizations according to nationally recognized standards. Your information will be stored with the HIE system, but it will not be visible to or able to be used by providers unless you opt-in to participate.

I understand that treatment or payment cannot be conditioned on my signing this authorization. I understand that I may revoke this authorization in writing at any time except to the extent that action has been taken in reliance upon this authorization. I may submit a revocation request to the Health Information Management Department (Medical Records Department) of the Texas Resources facilities, Texas Health Physicians Group or Texas Health Urgent Care for processing. This authorization will remain in effect indefinitely, unless I revoke it in writing. Obstetric patients only: I also give this authorization for any child(ren) born to be during this hospitalization.

The HIE is not able to manage restrictions on disclosure of your health information. A restriction is a request by the patient to not disclose certain information to certain people or companies. If the restriction is or was agreed to by us or other participating HIE healthcare providers, then you must elect to opt-out of the HIE in order to protect your restriction. This must be done at each HIE participating provider you visit.

I authorize     I do NOT authorize

the release of my medical information to the Health Information Exchanges in which facilities participate:

## Acknowledgment:

I, the undersigned, certify that I have read and fully understand the information in this Consent for Health Information Exchange form. I understand that if I need to change any information I have provided on this form, I will notify a staff member promptly.

---

Signature

Printed Name

Date

Time

**If the person signing this form is not the patient, please give full name, relationship to patient and phone number:**

---

Patient Name

Relationship

---

Phone Number

# Release of De-Identified Data for Commercial Research Studies

Texas Health Resources is committed to improving the lives of patients and ensuring they receive the best care possible.

In service of this mission, Texas Health Resources contributes data that is de-identified and aggregated to commercial research studies. This data is "de-identified," meaning it does not contain personally identifiable information such as patient name or address. This data is also "aggregated," meaning that the de-identified data is combined with the de-identified data of many other patients, often from a variety of health care facilities. This de-identified data is used to advance health research with the goal of improving health care.

In order to be as transparent as possible with our patients on how their data is used and disclosed, Texas Health Resources provides patients with the option to authorize the release the de-identified data for this purpose. Please note that this authorization should not be construed to prohibit Texas Health Resources from using or disclosing data for any purpose otherwise permitted by law.

Please select one:

- I authorize release of my de-identified data for use in third party commercial research studies.
- I do NOT authorize release of my de-identified data for use in third party commercial research studies.

I, the undersigned, certify that I have read and understand the information in this form. This document applies to any potential data exchanges that take place after signature. It is not retroactive.

\_\_\_\_\_  
Signature of Patient or Legally Authorized Representative

\_\_\_\_\_  
Printed Name of Patient or Legally Authorized Representative

\_\_\_\_\_  
Date

PATIENT COPY



# Admission Acknowledgments & General Consent for Treatment

## Patient Copy

- 1. General consent:** I understand that my health condition requires inpatient or outpatient admission. I consent to and authorize testing, treatment and healthcare at this Facility ("Facility"), a Texas Health Resources Facility, by Facility nurses, employees, and others as ordered by my physician and his/her consultants, associates and assistants or as directed pursuant to standing medical orders or protocols. I understand that it may be necessary for representatives of outside healthcare companies to assist in my care. I also understand that persons in professional training programs may be among the persons who provide care to me. I understand that photos or videos may be taken in connection with my treatment or for training purposes. Any tissue or body parts removed from my body may be retained or disposed of by the Facility at its sole discretion.
- 2. Independent physicians:** I acknowledge that the physicians taking part in my care or providing a professional service to me do not work for the Facility and that the Facility is not responsible for their judgment or conduct. They practice independently and are not employees or agents of the Facility. The exception to this is that some physicians may be medical residents in a Graduate Medical Education Program of the Facility under the supervision of more experienced physicians. In addition to my attending physician, other physicians who may take part in my care may include radiologists, pathologists, anesthesiologists, hospitalists, neonatologists, cardiologists, emergency physicians, psychiatrists and other specialists. The physician and professional services are not covered by the THR Financial Assistance Policy.
- 3. No guarantee:** I acknowledge that no guarantees or warranties have been made to me with respect to treatment or services to be provided at this Facility. I understand that all supplies, medical devices and other goods provided or billed to me by the Facility are provided by the Facility on an "AS IS" basis, and the Facility disclaims any expressed or implied warranties with respect to them. With respect to specific supplies and devices, manufacturers' warranties may apply, and I may request a manufacturer's warranty information concerning such supplies and/or devices.
- 4. My valuables:** I understand that the Facility does not assume responsibility for personal property I keep with me during my treatment/Facility stay. I understand that unnecessary items should be sent home and that a safe is available for my valuables.
- 5. Assignment of benefits:** I hereby irrevocably assign to the Facility and any practitioner providing care and treatment to me, any and all benefits and all interest and rights (including causes of action and the right to enforce payment) under any insurance policies, benefit plans, indemnity plans, prepaid health plans, third-party liability policies or from any other payor providing benefits on my behalf, for and to the extent of the services and goods provided to me during this admission. Under this assignment, the Facility shall have an independent, non-exclusive right to appeal or pursue any denied or delayed claims on behalf of the insured or beneficiary. This assignment is not and shall not be construed as an obligation of the Facility and/or Facility-based physician to pursue such interest and rights. In signing this form, I (as the patient or patient's agent) am directing any applicable health insurer, health benefit plan, indemnity plan, reinsurer, third-party liability insurer or other payor providing benefits on my behalf to pay the Facility and/or Facility-based physicians directly for the services and goods the Facility and/or Facility-based physicians provide to me.
- 6. Financial agreement:** I hereby promise to pay the Facility its full billed charges for all services and goods provided to me. I understand that the Facility, as a courtesy to me, may bill my insurance or other coverage company, health benefit plan or other non-governmental payor concerning the services and goods provided by the Facility to me but that the Facility is under no obligation to do so. Except as prohibited by law or by written agreement of the Facility, I agree to pay for any charges not covered and covered charges not paid in full by any applicable insurance and/or other coverage company, including charges payable as coinsurance, deductibles and non-covered benefits due to policy and/or plan limitations, exclusions, and/or failure to comply with and/or other coverage. I further understand that the Facility may agree to accept a discounted amount of its charges as payment in full through mutual agreement with me or a person and/or entity making payments on my behalf. If the Facility does not agree to a discounted amount, then the charges must be paid in full for all services and goods provided to me.

I agree to be responsible for payment of the full amount of the charges less any amounts already paid by me or on my behalf. If I am entitled to benefits under a governmental plan, such as Medicare or Medicaid, I further understand the Facility may bill such plan and may accept as payment in full a discounted payment for the services and goods provided to me. The THR Financial Assistance Policy may be available if Facility eligibility criteria are met. An estimate of the anticipated charges is available upon request. I understand that estimates may vary significantly from the final charges because of a variety of factors such as the course of my treatment, intensity of care, physician practices and the necessity of providing additional services and goods.

I acknowledge that Texas Health searches for available payment sources as a matter of routine business practice and as a courtesy to its patients. If I have an insurance or other coverage company that I don't want Texas Health to bill, I acknowledge that it is my responsibility to inform Texas Health who that insurance or other insurance or other coverage company is, so it is not discovered and billed through Texas Health's Coverage Discovery processes.

I hereby consent to credit bureau inquiries and to receiving auto-dialed/artificial or pre-recorded message calls, and/or text messages to my cellular telephone and to any telephone number provided during my registration process. I understand that these collection attempts could be performed by Texas Health Resources or its affiliates/agents including, without limitation, any account management companies, independent contractors or collection agents.

# Admission Acknowledgments & General Consent for Treatment *(continued)*

7. **Medicaid patients only:** I understand that the services or goods that I request to be provided to me may not be covered under the Texas Medical Assistance Program as being reasonable and medically necessary for my care. I understand that the Texas Department of Health and Human Services or its health insuring agent determines the medical necessity of the services or items that I request and receive. I also understand that I am responsible for payment of the services or goods I request and receive if these services or goods are determined not to be reasonable and medically necessary for my care. If I am a Medicaid Star patient, these provisions may not apply.
8. **Communicable disease testing:** I acknowledge that Texas law provides if any healthcare worker is exposed to my blood or other bodily fluid, the Facility may perform tests, without my consent, on my blood or other bodily fluid to look for the presence of hepatitis B and C and HIV. I understand that such testing is needed to protect those who will be caring for me while I am a patient at the Facility. I understand that the results of tests taken under these circumstances are confidential and do not become a part of my Facility patient record.
9. **Obstetrics patients only:** This Admission Acknowledgment and General Consent for Treatment also applies to any child(ren) born to me during this hospitalization.

The Acknowledgments and Consent are effective for one year from the date below unless revoked by the patient or authorized representative.

## Acknowledgment:

I, the undersigned, certify that I have read and fully understand the information in this form and agree to be bound by its terms.

_____ Signature of patient or authorized representative	_____ Relationship to patient	_____ Date	_____ Time
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_____ Witness	_____ Title	_____ Date	_____ Time
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**If the person signing this form is not the patient, please list full name, phone number and address:**

_____ Name	_____ Phone number
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# Consent to Text Messaging

Texas Health offers the choice to get text messages to a number I give. Messages may include private information protected under federal and state law. I understand that text messages are not encrypted and not secure. There is a risk that protected health information may be seen by third parties. Message and data rates may apply. My consent is effective until revoked.

I agree to get text messages as stated above.

I do not agree to get text messages as stated above.

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Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

If the person signing this form is not the patient, please give full name, relationship to patient, phone number and address:

---

Name \_\_\_\_\_ Relationship \_\_\_\_\_

---

Phone Number \_\_\_\_\_

PATIENT COPY

# Protected Health Information, Third-Party Payor Notice to Patients

## 1. Protected Health Information:

- a. Notice of Privacy Practices:** By my signature below, I acknowledge receipt of the Texas Health Resources Notice of Privacy Practices
- b. Use and Disclosure of information:** I understand that my medical records are confidential and cannot be disclosed without my written authorization except when otherwise permitted or required by law. This disclosure is addressed in the Notice of Privacy Practices I have received. I understand that my medical information may include communicable disease information including human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS), and records related to mental health treatment and alcohol and substance abuse diagnosis or treatment, and I authorize release of that information as part of my medical record. I understand that the Facility must keep my medical records for a time required by law and then may dispose of them as permitted or required by law.

**c. Authorization for Verbal Release of Protected Health Information Privacy Selection:**

**Directory Information:** I understand that "Directory Information," such as my presence in the Facility and room number, as described in the Texas Health Resources Notice of Privacy Practices, may be released to all who ask for me by name, unless I object by specifically asking to be a "No Information" patient as described below:

**No Information:** I do not authorize release of any information, including Directory Information, regarding my admission or treatment. I choose to be a "No Information" patient, and I realize that mail, flowers, telephone calls and visitors will be refused on my behalf. (The Facility staff will not be able to acknowledge my presence.) I also understand that if I make phone calls from the Facility, caller identification systems may result in my location being disclosed to persons who receive the calls.

**Medical Information and Disclosure:** I understand that medical information about my condition and treatment may not be released, except in situations as described in the Texas Health Resources Notice of Privacy Practices, unless I give my permission as provided below:

I authorize this Facility and medical staff members to discuss my medical history, diagnosis, treatment and prognosis with the person(s) listed below. I understand this may include information regarding testing, examination and treatment for HIV- or AIDS-related illness, mental health and drug, alcohol or chemical abuse:

- Spouse \_\_\_\_\_  Others \_\_\_\_\_
- Children \_\_\_\_\_  None
- Parent(s) \_\_\_\_\_

Note: I understand my medical information will not be discussed via telephone with the person(s) named above if I choose to be "No Information," since telephone calls will be refused on my behalf. The above Authorization for Verbal Release of Protected Health Information will expire at the end of my inpatient stay or outpatient service unless I revoke the consent prior to that time.

## 2. Notice to Patients – Third-Party Payor Information:

I acknowledge that based on the information I have provided at this time about my insurance or other third-party insurance or other coverage company, this Facility \_\_\_ IS / \_\_\_ IS NOT a participating provider under my insurance plan or other third-party payor insurance or other coverage company.

I understand that some of the doctors, including Facility-based doctors who provide services to me while I am in the Facility, may or may not be a participating provider with the same third-party insurance or other coverage company as the Facility. For example, my admitting doctor, hospitalists, emergency room doctors, pathologists, radiologists, anesthesiologists, neonatologists and others, bill separately from the Facility and might not participate in the same insurance or other coverage company as this Facility. I will be responsible for paying those providers subject to the terms of my health plan or insurance or other coverage company, if any. The physician and professional services are not covered by the THR Financial Assistance Policy.

I understand I may ask for a list of Facility-based doctors who have been granted medical staff privileges to provide medical services at this Facility. I may request information from a Facility-based doctor(s) regarding whether he/she has a contract with my insurance or other coverage company and under what circumstances I may be responsible for payment of any amounts not paid by my insurance or other coverage company.

**3. Transfer to In-Network Facility:** In the event my health condition requires inpatient hospitalization and my insurance will not pay the hospital as in network (leave blank if Not Applicable)

\_\_\_ I would like to be transferred to a facility that is a participating in-network provider, if possible.

\_\_\_ I would NOT like to be transferred to a facility that is a participating in-network provider and I understand that I will be financially responsible for all costs for services and care that I receive.

**4. Patient Rights and Responsibilities:**

I have received written information regarding my rights and responsibilities as a patient. This information tells me how to register complaints I might have.

**5. Effective Period:**

I understand this form shall be valid during my present visit and future applicable outpatient visits at the Facility until revoked by me or I sign a new *Protected Health Information, Third-Party Payor Notice to Patients, Advance Directive* document.

**Acknowledgment:**

I, the undersigned, certify that I have read and fully understand the information in this *Protected Health Information, Third-Party Payor Notice to Patients, Advance Directive* document.

I understand that if I need to change any information I have provided on this form, I will notify a Facility staff member promptly.

_____ Signature of patient or authorized representative	_____ Relationship to patient	_____ Date	_____ Time
_____ Witness	_____ Title	_____ Date	_____ Time

**If the person signing this form is not the patient, please list full name, phone number and address:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone number

# Language Services

Texas Health offers language assistance services to you at no cost.	
<b>Amharic/አማርኛ</b> ቴክሳስ የጤና አገልግሎቶች (Texas Health Resources) ለእርስዎ ያለምንም ወጪ የቋንቋ እገዛ ያቀርባል።	<b>Lao/ລາວ</b> ທາງສາທາລະນາສູນຂອງໂຕເທກສ໌ (Texas Health Resources) ໄດ້ມີບໍລິການຊ່ອຍເຫຼືອທ່ານໃນດ້ານພາສາໂດຍບໍ່ຄິດຄ່າ.
<b>Arabic/العربية</b> تكساس هيلث ريسورسيز (Texas Health Resources) تقدم لكم خدمات المساعدة اللغوية مجانًا.	<b>Mandarin/普通话</b> Texas Health Resources 为您提供免费的语言协助服务。
<b>Burmese/မြန်မာ</b> Texas Health Resources သည် သင့်အား ဘာသာစကား အကူအညီ ဝန်ဆောင်မှုများကို အခမဲ့ လုပ်ပေးပါသည်။	<b>Nepali/नेपाली</b> टेक्सास स्वास्थ्य संसाधनले (Texas Health Resources) तपाईंलाई निःशुल्क रूपमा नेपाली भाषा सहायता सेवाहरू प्रदान गर्छ।
<b>Cantonese/廣東話</b> 德克薩斯州衛生資源機構(Texas Health Resources) 免費為您提供語言協助服務。	<b>Polish/Polski</b> Texas Health Resources oferuje pacjentom mówiącym po polsku bezpłatną pomoc z tłumaczeniem.
<b>Chin/Hakha Chin</b> Texas Health Resources nih manlo in holh leh bawmhnak kan in pek lai.	<b>Portuguese/Português</b> o Texas Health Resources oferece para você serviços de assistência linguística, gratuitamente.
<b>Farsi/فارسی</b> منابع بهداشت و سلامت تگزاس (Texas Health Resources) بدون هیچ هزینه ای خدمات کمی زبانی به شما ارائه می دهد.	<b>Punjabi/ਪੰਜਾਬੀ</b> ਟੇਕਸਸ ਸਿਹਤ ਸੰਸਥਾਨ ਵਿਭਾਗ (Texas Health Resources) ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਦੇ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ ਦੀ ਪੇਸ਼ਕਸ਼ ਕਰਦਾ ਹੈ।
<b>French/Français</b> Texas Health Resources vous offre des services d'assistance linguistique gratuitement.	<b>Russian/Русский язык</b> Texas Health Resources предлагает Вам бесплатные переводческие услуги.
<b>Haitian Creole/ Kreyòl Ayisyen</b> Texas Health Resources ofri sèvis èd nan lang gratis pou ou.	<b>Somali/Soomaali</b> Texas Health Resources waxay kuu fidinnayaan adeegyo caawinaad ee dhanka luqadda oo bilaash ah.
<b>Hindi/हिन्दी</b> टेक्सस स्वास्थ्य संसाधन विभाग (Texas Health Resources) आपको बिना किसी लागत के भाषा सेवाओं की पेशकश करता है।	<b>Spanish/Español</b> Texas Health Resources le ofrece servicios de asistencia con el idioma en forma gratuita.
<b>Hmong/Hmoob</b> Texas Health Resources pab txhais lwm yam lus rau koj pub dawb xwb.	<b>Swahili/Kiswahili</b> Texas Health Resources inatoa huduma ya utafsiri wa lugha Bila gharama.
<b>Italian/Italiano</b> Texas Health Resources ti offre gratuitamente servizi di assistenza linguistica.	<b>Tagalog</b> Ang Texas Health Resources ay nag-aalok sa inyo ng mga libreng serbisyo ng tulong sa wika.
<b>Japanese/日本語</b> 日本語でのサポートはテキサス・ヘルス・リソース (Texas Health Resources) が無料で提供しています。	<b>Urdu/اردو</b> ٹیکساس ہیلتھ ریسورسز (Texas Health Resources) آپ کو زبان میں معاونت کی خدمات بلا معاوضہ فراہم کرتا ہے۔
<b>Korean/한국어</b> Texas Health Resources는 무료로 언어 서비스를 제공해 드립니다.	<b>Vietnamese/Tiếng Việt</b> Texas Health Resources cung cấp các dịch vụ hỗ trợ ngôn ngữ cho quý vị hoàn toàn miễn phí.

Texas Health complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

# MyChart Patient Portal

## Texas Health MyChart

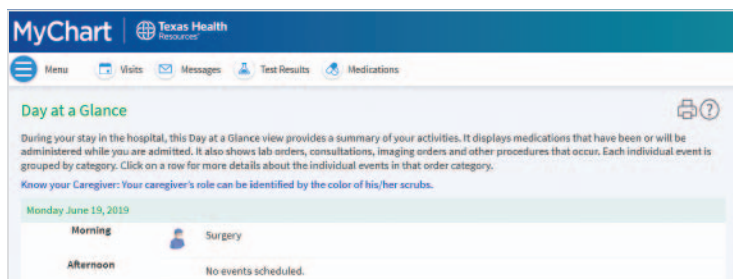
Use MyChart to view your health information at home or on the go. To download the Texas Health MyChart app, visit [mychart.texashealth.org](http://mychart.texashealth.org), the App Store or Google Play Store. If your doctor's office offers Texas Health's MyChart, you can communicate electronically to ask questions about your health, request medication refills, schedule follow-up appointments, pay your bills.

## Other useful options

Register for your delivery or upcoming appointment, E-sign consents for scheduled services, message your provider, billing summary or pay my bill, create a payment plan, apply for financial assistance, view and pay deposits on estimates, itemized statements.

## Day at a Glance

While admitted at a Texas Health Facility, you can view your treatment schedules for the day. This features includes medications that are due to be administered, upcoming lab test and radiology procedures and education. You can also view the *Know Your Caregivers* flyer to see the different colors your caregivers wear based on their roles.



## Lab and Radiology Results

While you are admitted in the facility, standard lab and radiology results will appear in your MyChart. You will receive an email or push notification (based on your set preferences) notifying you that you have a new result in your MyChart account. From the website or app, click *Test Results* to view your results. Please reference the *Test Results* section of the Texas Health MyChart website to see when your results will be released to and viewable in MyChart.

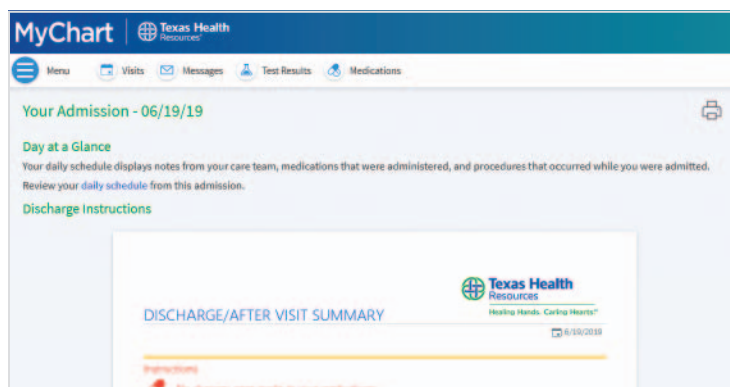
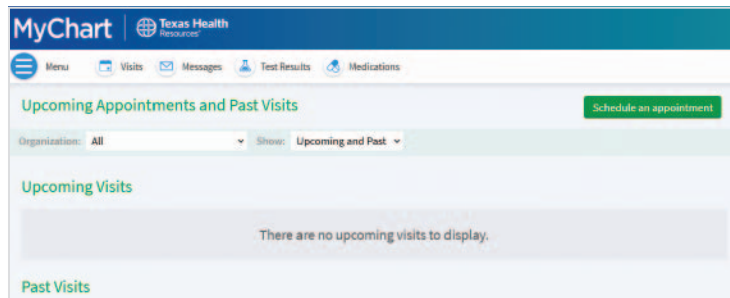
## MyChart for My Family or Legal Guardian (Proxy Access)

With MyChart, you can now send an invite to a family member, caregiver or friend to grant them access to your MyChart account. This requires the person to whom you are granting access to have an active Texas Health MyChart account and your date of birth. You can revoke access to those you have given access from this section as well.

To request access to a minor's MyChart account, you will need to submit a request by completing the Request Access online form in the Proxy Invite section in MyChart. For questions about proxy access, email us at [THRProxy@texashealth.org](mailto:THRProxy@texashealth.org)

## Preparing to Leave

When you leave a Texas Health Facility, you can access your care instructions from the *Visits* section in MyChart. Click on your visit to view your *Discharge/After Visit Summary*.



## MyChart Help

Phone: 682-236-6700 (Monday–Friday, 8 a.m.– 6:30 p.m.)

Sign up and activate at: [MyChart.TexasHealth.org](http://MyChart.TexasHealth.org) or from the Texas Health MyChart app.



Texas Health  
MyChart

Texas Health Resources  
MyChart



Emergency Department Registration - MyChart

# Waiting to be seen?

**Now you can register for your Emergency Department visit in MyChart.**

**MyChart pre-registration is fast, easy & secure.**

Register for your **Texas Health Emergency Department** visit in **MyChart**. If you already have a MyChart account or have visited Texas Health in the last 60 days, you will receive an email to complete your registration. If you have a MyChart account or sign up for MyChart after you arrive and don't get the email after you have visited with the physician you can sign in to MyChart and register.

Please be sure to have your insurance coverage information (primary and secondary), employment details and emergency contact information handy.

Your financial information never affects how we care for you. Patients are prioritized and treated based on urgency of medical condition. This is never based on financial status. Please let a staff member know if you have any questions.

### **MyChart for My Family or Legal Guardian (Proxy Access)**

With MyChart, you can now send an invite to a family member, caregiver or friend to grant them access to your MyChart account.

This requires the person to whom you are granting access to have an active Texas Health MyChart account and your date of birth. You can revoke access to those you have given access from this section as well.

To request access to a minor's MyChart account, you will need to submit a request by completing the Request Access online form in the Proxy Invite section in MyChart. For questions about proxy access, email us at **THRProxy@TexasHealth.org**.

#### **Questions? Technical issues?**



**682-236-6700**

Monday – Friday, 8 a.m. to 6:30 p.m.



[TexasHealth.org/MyChart](https://www.texashealth.org/mychart)

