

For Our Patient

# Patient Handbook



**Texas Health**  
Center for Diagnostics & Surgery<sup>SM</sup>  
PLANO

# A Message from Larry Robertson, President

On behalf of the physicians on our medical staff, nurses and employees, it is my honor to welcome you. For more than 12 years, it has been our privilege to improve the health of the people of our community. Today, our employees stand ready to partner with you toward better health.

You'll find our employees are passionate about quality care and service excellence. We provide a listening ear and a caring smile along with advanced technology to ensure the best possible care in a faith-based environment. Here are just a few of our accolades:

Accreditation by the Joint Commission, which recognizes hospitals with the highest national standards for safety and quality of care as well as a commitment to continually improving patient care.

Five Star ranking from the Centers for Medicare & Medicaid Services (CMS) for overall patient experience (reported on Hospital Compare database, July 2017).

Press Ganey Guardian of Excellence in Patient Experience (2017) and City of Plano Food Safety Winner in the hospital category (2017).

One of the Quietest Hospitals in America (2016). The hospital was one of the highest scoring hospitals based on HCAHPS survey results reported on CMS' Hospital Compare database.

Our medical staff includes skilled, board certified physicians specializing in a variety of comprehensive and specialty services and we pride ourselves on providing individualized patient care that includes you, the patient, as well as your family members. Patients who talk with their health care providers tend to be happier with their health care and have better medical results.

After leaving the hospital, you may receive a patient satisfaction survey. Please take the time to share your experience with us. Your comments are taken very seriously and allow us to make continuous improvements.

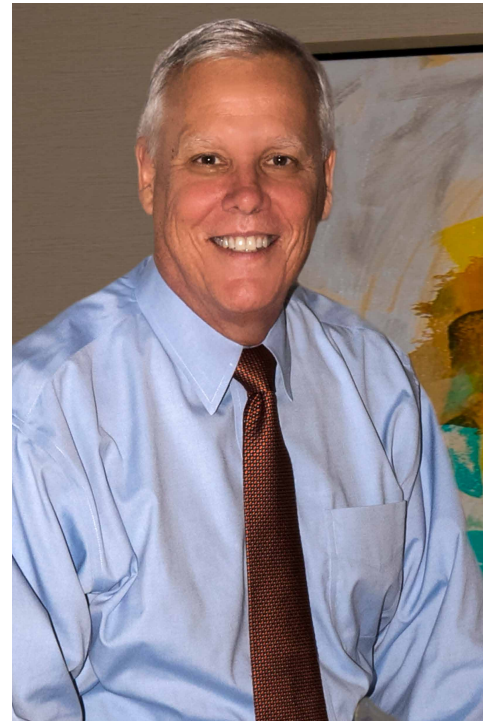
If you have any questions or concerns, please feel free to reach out to the nearest staff member or call me at (972) 403-2797.

Thank you again, for choosing Texas Health Center for Diagnostics & Surgery.

Sincerely,



Larry Robertson  
President, Texas Health Center for Diagnostics & Surgery



# Admission Information

At Texas Health Center for Diagnostics & Surgery, we've combined the expertise of some of the area's most respected physicians with advanced technology and high-quality health care.

Designed with a boutique hotel in mind, we offer surgical and imaging services along with special procedures in a smaller more intimate setting than what is typically found in larger facilities. From our gourmet coffee bar in the lobby to room service meals prepared by a culinary trained chef, you and your family will experience a high level of care and comfort unlike any other hospital.

The hospital is accredited by The Joint Commission, an independent, not-for-profit organization that accredits and certifies health care firms and is recognized nationwide as a symbol of quality that reflects an organization's commitment to meeting certain performance standards.

Texas Health Center for Diagnostics & Surgery is a joint venture owned by Texas Health Resources and physicians dedicated to the community and meets the definition under federal law of physician-owned hospital. Physicians on the medical staff practice independently and are not employees or agents of the hospital.

This information is offered to answer some common questions and to provide you with frequently requested phone numbers. It is our goal to exceed your expectations during your stay and we hope your experience is a good one. Your caregivers are happy to answer any additional questions that you may have.

## Welcome

### Visiting Hours

Visiting hours are 9 a.m. to 9 p.m. daily. We encourage visitors to be mindful of limiting the duration and number of visits.

### Nutrition

#### Coffee Bar

Located in the hospital lobby, we welcome guests to enjoy our complimentary coffee bar with fresh pastries in the mornings and warm cookies in the afternoon.

#### Meals

Texas Health Center for Diagnostics & Surgery does not have an on-site cafeteria. On the day of surgery, we offer one immediate family member a complimentary boxed lunch while they wait. Families and visitors may also have meals delivered from local restaurants. Ask our patient liaisons for a list of surrounding restaurants.

#### Vending Machines

Vending machines are located in the hospital near our radiology waiting area and near the inpatient unit.

### Discharge Planning

Discharge planning begins on the day of your admission. Your care team will work with you to take care of your discharge needs. When your doctor signs the orders for your discharge, the nurse will help you check out of your room. Our goal for discharge time is 11 a.m. Please make sure to arrange transportation ahead of time and take all personal belongings with you.

### Patient Satisfaction Survey

After your visit, you may receive a patient satisfaction survey. Please return your completed survey, so we'll know what we did well and/or opportunities for improvement.

### Diversity Statement

We will provide and maintain a fair and equitable environment for all by valuing and respecting individual differences for our enrichment and that of the communities we serve.

### Tobacco-Free Policy

All campuses in the Texas Health family of hospitals are tobacco free. This policy applies to all patients, employees, visitors and physicians on the medical staff. This policy also applies to E-Cigarettes.

### Mission Statement

The mission of Texas Health Center for Diagnostics & Surgery is to improve the health and well-being of the people in the communities we serve.

### Vision Statement

To be the area's premier health care provider. This can be achieved by offering quality services with recognized value for adults and children, in collaboration with physicians, employees and the community.

### Main Hospital Address

Texas Health Center for Diagnostics & Surgery  
6020 West Parker Road  
Plano, Texas 75093



Important Phone Numbers	
Main Number	972-403-2700
Administration	972-403-2797
Admissions	972-403-2700
Business Office	972-403-2841
Central Billing Office	1-800-715-7210
Medical Records	972-403-2892
Radiology Scheduling	972-403-2704
Physician Referral	1-877-THR-WELL (1-877-847-9355)

# Our Hospital

At Texas Health Center for Diagnostics & Surgery, our method of care is based on the notion that the patient and the family are the central focus. Members of our health care team strive to understand what is important to you, the patient, and actively engage you in all aspects of care and support a culture of caring and healing. We offer 18 private patient rooms and have more than 500 physicians on the medical staff.

Clinical services include:

- Surgical Services
- Special Procedures including pain injections
- Diagnostic imaging
- Pediatric sleep center

## Before Your Surgery

### Pre-Operative Testing

Your physician may order pre-operative tests to assist in preparing you for surgery. A complete history and physical exam will be given. Please schedule your tests by calling the main phone number: **972-403-2700**.

### Imaging/Radiology Testing

Texas Health Center for Diagnostics & Surgery offers advanced imaging technologies including X-ray, CT and MRI scans. Please consult with your physician if you need an imaging test prior to surgery.

## Night Before Surgery

- Do not eat or drink anything (including water), smoke or chew gum after midnight the night before your surgery, unless otherwise instructed by your surgeon or anesthesiologist.
- You may brush your teeth the morning of surgery but do not swallow water.
- Do not wear contact lenses on the day of your surgery. You may wear dentures and eyeglasses until you are prepared for surgery by the nurse.
- Wear loose-fitting clothing that can be easily folded and stored.
- Leave all jewelry and valuables at home.
- Children having surgery may bring a special toy, blanket or pacifier.
- Parents of small children should bring an empty bottle and a clean diaper.
- If you are taking medication for asthma, diabetes, blood pressure, or other cardiac reasons or if you are taking blood thinners, please consult your surgeon about whether you should take these medicines prior to surgery. Bring the medications you are taking in the original containers with you on the day of your procedure. Inform your surgeon and pre-operative nurse regarding any treatments or equipment you currently use at home.

## Day of Surgery

Upon arrival at Texas Health Center for Diagnostics & Surgery, please park in front of the main entrance that faces Parker Road. Plan to check in at the main desk. Our staff will guide you through the admission process and educate you on discharge instructions before your surgery.

Please bring your insurance card and identification with you. After reviewing your admission information and collecting any copayment or deductibles as indicated by your insurance benefits, our pre-operative nurse will come to the admitting area and take you back to prepare you for surgery.

You will be given the opportunity to discuss your anesthesia options prior to your surgery. We encourage you to ask questions or express any concerns.

After your procedure, you will go to the recovery area where you will be closely monitored by a registered nurse for approximately 30 minutes to an hour. Actual recovery time is different for each individual. After recovery, you will be taken to the step-down unit or inpatient unit where your family can join you. You will be observed by a nurse until you are ready to go.

### Pain Control

As healing begins and movement occurs, you may not be completely pain free. Our goal is to manage your pain enough to allow movement such as walking around the halls and transfers in and out of bed. We will assess any discomfort you have by asking you to rate your pain. We will ask you to rate your pain on a 0 to 10 scale with 0 being no pain and 10 being the worst pain you have experienced. This allows us to appropriately treat your discomfort and assess the effectiveness of any medications you are receiving.

## Going Home

Once you are ready to go home, a nurse will review your discharge instructions with you as well as a responsible party. For your safety and well-being you should have an adult drive you home after surgery. We also recommend that someone stay with you overnight. Please wait 24 hours after surgery to drive, sign important papers, make significant decisions, drink alcoholic beverages, or take any medications not prescribed or acknowledged by your surgeon.

## Inpatient

For those patients staying overnight, please review the information below:

### Amenities

For those staying overnight, we offer satellite television as well as free WiFi in every patient room. A sleeper sofa is provided for your significant other or family member to stay (linens provided upon request). Each room is equipped with a call-light and emergency system for immediate assistance at the touch of a button.

### Dietary

The hospital offers hotel-style room service for patients, based on your physician's order for your specified diet. Please discuss any special dietary needs with your nurse. You may order from the room-service menu three times a day from 7:15 a.m. to 5:45 p.m. Since the hospital does not have a cafeteria, local restaurant menus from which visitors may order are available at the nurse's station. If at any time you need water, ice, juice, coffee, or a snack, please notify an inpatient team member.

### Recovery

After anesthesia subsides, the recovery process begins. Based on your physician's order and the type of surgery performed, you may be asked to walk or sit on the edge of the bed and dangle your feet the same day of your procedure. This activity is essential to prevent complications including Deep Vein Thrombosis (DVT), also known as blood clots. The clot may break free from the wall of the vein and travel from the leg or pelvic area and lodge in the pulmonary artery. This is known as a "pulmonary embolism" and can be fatal if not immediately diagnosed and treated.

If you are sedentary for an extended time, the following can help decrease your risk of DVT: walking, flexing and extending or rotating your ankles, increased water intake, wearing support stockings, use of Sequential Compression Devices as ordered, and using an incentive spirometer as instructed. Following are signs/symptoms of a DVT: leg pain and tenderness of the calf, swelling or changing of the color in one leg to blue/purple, and warmth to the area. Following are signs/symptoms of a pulmonary embolism: wheezing, shortness of breath, coughing/coughing up blood, chest pain, clammy or bluish-colored skin, excessive sweating, rapid or irregular heartbeat and lightheadedness. **If you experience these signs or symptoms, call your health care team immediately. If at home, call your physician and/or go to the nearest ER or call 911.**

### Incentive Spirometer

You may be asked to use an incentive spirometer, a breathing tool that aids in preventing pneumonia post-surgery. Please use this every hour you are awake. Coughing and deep breathing expands the lungs and helps prevent lung infections.

## Observation Services

Observation services are hospital outpatient services provided when a physician wants to continue to observe your recovery/health status to determine whether you may be discharged or if you need to be admitted as an inpatient.

You may be still considered an outpatient under observation status even if you stay in the hospital for several days and receive treatment in a hospital bed. Your health plan may not cover observation services or because these services are considered outpatient services, it may apply a co-insurance (a percentage of charges) rather than a co-pay (which is sometimes a flat dollar amount). As a result, you may have a higher patient responsibility than if you were admitted as an inpatient. If you have any questions or concerns regarding this, please contact our business office at (972) 403-2841.

### Discharge

Your nurse will review your discharge instructions with you prior to leaving the hospital. If you had knee replacement surgery, riding in the backseat of the car may be more comfortable than the front. If the car seat is too low, sit on a pillow and have someone help lift your legs into the car.

## Suggestions/Concerns

If at any time during your stay you have a concern or compliment about the unit please notify the inpatient charge nurse or nursing director for immediate assistance. To maintain continuity of care, and ensure your recovery is progressing smoothly after you are discharged from our hospital, we will conduct a follow-up telephone call to assess your post-surgical status.

## Electronic Communication Board

All inpatient rooms have an electronic communication system (similar to a television) that track the continuous flow of clinical activities including nurse rounding and the patient plan of care for the day. Patients are encouraged to push their call lights when they need assistance from the clinical staff so that the system can track all patient visits. The call lights provide real-time data that helps us improve customer service.



# Finding Your Way

Texas Health Center for Diagnostics & Surgery Campus



# Working Together for Patient Safety

When you visit Texas Health Center for Diagnostics & Surgery, you will meet many different people who work together to help care for you. The hospital staff encourages 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 are not uncommon 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 step you can take to prevent infection.

- Wash or gel your hands often.
- Ask your family and friends to clean their hands when visiting.
- If you do not see a healthcare team member cleaning their hands, ask them to do so.
- If you cough or sneeze, cover your mouth and clean your hands.

## Patient Identification

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

- Your doctors and nurses will ask you your name and date of birth often, and will compare your information to your hospital paperwork and computer records.
- Always ask questions if you are unsure about anything.
- Keep your wrist bands visible and let a member of your team know if it falls off.

## 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 your doctor's and nurse's questions. 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 on 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. 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 prescribed 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.

## Isolation Precautions

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

## Sequential Compression Devices and Foot Pumps

Sequential Compression Devices (SCDs) and Foot Pumps are medical equipment that you wear 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. SCD's go around your legs and Foot Pumps wrap around your feet. In either case, air inflates the equipment at timed intervals (20 to 60 seconds) and massages your legs/feet to keep your blood moving.

SCD's and Foot Pumps are an important part of your care. Do not change the settings or take your SCD's or Foot Pumps off 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.

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: CDC

# Helpful Patient Billing Information

**Thank you for choosing Texas Health Center for Diagnostics & Surgery for your health care needs. We are committed to improving the health of the people in the communities we serve. This includes assisting our patients as they navigate the hospital billing process.**

## Up Front Payment

When you register at the hospital, we will collect any deductible, co-payment, co-insurance and deposits (often referred to as the "patient responsibility"). Your final bill will reflect your deposit, actual charges for services provided, and, if you have insurance, the amount paid by your insurance company (typically referred to as the insurance company's "allowable" or "contracted rate"). If your insurance company does not cover a service or if your patient responsibility is calculated as a percent of charges, your patient responsibility may be higher or lower than the estimate provided at registration. If charges are higher than estimated, we may ask you for an additional payment. If charges are lower than estimated, we will process the appropriate refund.

## With Insurance Payment

If you have health insurance, we will bill your insurance carrier shortly after your visit.

You should also receive an explanation of benefits (EOB) from your insurance company explaining how they processed your claim and the amount you owe. This process is usually complete within 60 days of discharge.

Your insurance company may contact you for additional information to process your claim. Please respond as quickly as possible to ensure you receive the maximum benefit from your coverage.

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

Payment is due upon receipt of the final billing statement. If payment in full is not possible, Texas Health Center for Diagnostics & Surgery allows a monthly payment plan (without an interest charge)

depending on your account balance. Contact Customer Service at (800) 715-7210 or (682) 236-1600 to set up a payment plan. Texas Health has an interest free loan program for patients in need of extended terms.

## Without Insurance Payment

Texas Health offers a discount for patients who do not have health insurance. After your discount is applied, we will ask for payment of the balance in full. If payment in full is not possible, we will work with you to set up a payment plan, obtain coverage through Medicaid or apply for Financial Assistance.

## Multiple Bills

Your hospital bill contains charges for hospital services only. Certain professional and physician services are often performed along with hospital services. You will be billed separately for the services provided by your physician, ER physicians, radiologists, hospitalists, pathologists, cardiologists, neonatologists and/or anesthesiologists.

Texas Health Center for Diagnostics & Surgery cannot ensure physicians are contracted providers with your insurance company's provider network. If an out-of-network physician provides professional services, you will likely be responsible for these expenses. Questions about these bills should be directed to the physician office listed on the billing statement.

## Online Bill Payment

If you have a balance after discharge, you may pay your bill online with a debit or credit card. This is an easy, secure and free way to submit payment. Just click the Pay Hospital Bill link on the [www.THCDs.com](http://www.THCDs.com) website and then click on Pay My Bill.

GO TO:  
[www.THCDs.com](http://www.THCDs.com)

CLICK:  
Pay Hospital Bill



To make a payment, you will be asked to enter your Account Number which can be found on the top portion of your billing statement.

Payment can also be taken over the phone by calling Customer Service at (800) 715-7210. Your Account Number will also be requested for this transaction.

## Customer Service

We are pleased to answer your questions or provide additional information. Our Customer Service representatives can be reached at (800) 715-7210 from 8:00 AM - 4:30 PM CST. A representative will request your account number and be available to answer any questions about your account and/or bill.

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

- Pay Your Bill
- Set Up a Payment Plan
- Request an Itemized Bill
- Address Insurance Coverage Questions
- Request Financial Assistance
- Automated phone service is available 24 hours a day, 7 days a week.

Questions can also be emailed to [CustomerService@TexasHealthPartners.com](mailto:CustomerService@TexasHealthPartners.com)

Visit our website at [www.THCDs.com](http://www.THCDs.com) for additional billing resources.

# Professional and Physician Services

## Professional Services and Physician Services

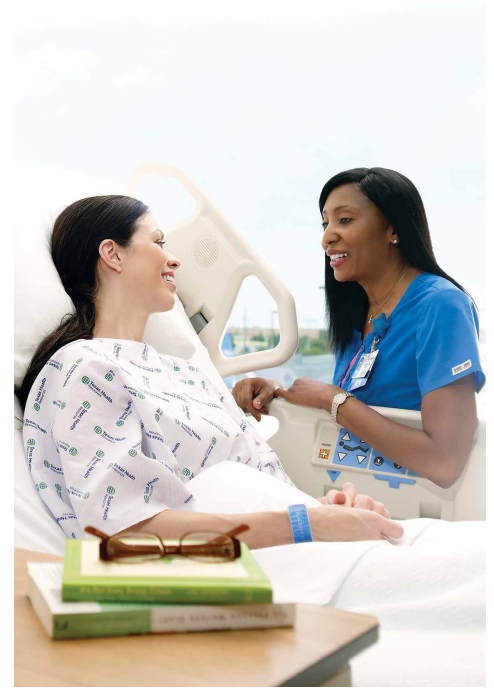
Certain professional and physician services are often performed along with hospital services. Examples include services provided by emergency physicians, anesthesiologists, pathologists, and radiologists. You may or may not see all of these physicians directly; however, their services are an essential part of your care. The physicians on the medical staff of Texas Health Center for Diagnostics & Surgery practice independently and are not employees or agents of the hospital. As a result, even though Texas Health Center for Diagnostics & Surgery may be included in your health benefit plan, the physicians on the medical staff may or may not be included in your health benefit plan.

## Billing For Out-of-Network Services

Physicians supervising and/or directing care at Texas Health Center for Diagnostics & Surgery are independent practitioners, not employees of the hospital. Texas Health Center for Diagnostics & Surgery cannot ensure physicians are contracted providers with your insurance company's "provider network". If an out-of-network physician provides professional services, you will likely be responsible for these expenses or a larger portion of the charge than you would if the physician was in-network.

## Questions

If you have any questions concerning bills for professional or physician services, please contact Customer Service or call the telephone number listed on the billing statement.



**Texas Health Center for Diagnostics & Surgery offers free online bill pay and no-interest payment plans designed for you.**

**Pay your medical bills online safely and conveniently by visiting [www.THCDs.com](http://www.THCDs.com)**

Bill payment plans are also available with:

- Zero percent interest
- Guaranteed loan acceptance
- Various payment terms

Texas Health Center for Diagnostics & Surgery is proud to offer an interest-free loan program. We are committed to treating patients with honesty, fairness and compassion while helping you "clear your financial balance."

**For additional information, please call: (888) 334-4022**

# Financial Assistance

## About Getting Assistance with Your Bill

The Financial Assistance Policy and the Plain Language Summary provide guidance for obtaining assistance with your bill and are available in English and Spanish and other languages upon request. Financial assistance does not apply to bills from doctors, outside labs or other providers.

## How Do I Qualify for Financial Assistance?

You can ask for help with your bill at any time during your hospital stay or billing process. We will determine how much you owe by reviewing income, assets, or other resources. If your yearly income is less than or equal to 200% of the current Federal Poverty Guideline, you may be eligible to receive some financial assistance. Federal Poverty Guidelines can be found at: <http://aspe.hhs.gov/poverty/index.cfm>.

You may qualify for assistance with all or part of your hospital bill. The help is based on a sliding scale that considers your yearly income and family size.

## How Can I Apply for Financial Assistance?

To obtain a free copy of the Financial Assistance Application, Plain Language Summary, or Financial Assistance Policy go to: [www.TexasHealth.org/Financial-Assistance](http://www.TexasHealth.org/Financial-Assistance). You can also pick up free paper copies, request free copies by mail, or receive help with the application in person at any Texas Health Resources hospital in the admitting department, or at 500 E Border Street Suite 1200, Arlington Texas 76010. You can ask for assistance with the Financial Assistance Policy or the application by calling Customer Service at 1 (800) 715-7210. In some cases you may receive financial assistance from the hospital without applying.

## Paperwork

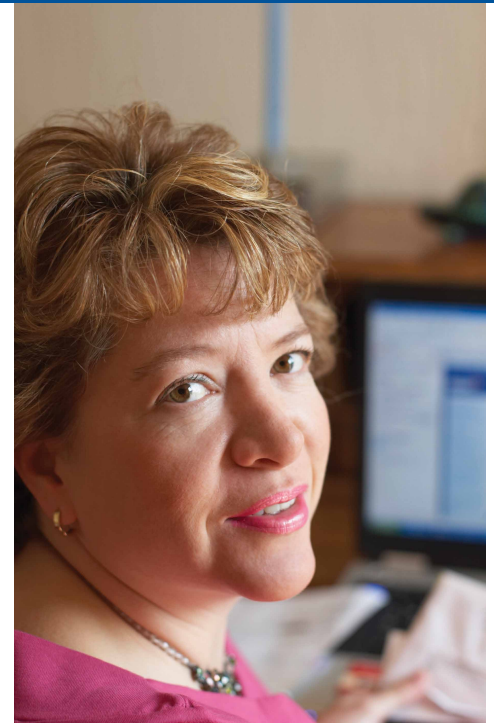
You are responsible for providing information timely about your health benefits, income, assets, and any other paperwork that will help to see if you qualify. Paperwork might be bank statements, income tax forms, check stubs, or other information.

## 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 insurance coverage for the same kind of care. To determine amounts generally billed we use a look-back method (we compare the amount paid by insured patients and their insurance companies in the prior year).

## Collection Activities

Bills that are not paid 120 days after the first billing date may be reported on your or your guarantor's credit history. You or the guarantor can apply for help with your bill at any time during the collection process by contacting Customer Service at 1 (800) 715-7210. Texas Health hospitals generally do not sue patients, take action against personal property, or garnish wages.



# Electronic Health Records

## Let your medical records speak for you even when you can't.

Thank you for choosing Texas Health Center for Diagnostics & Surgery for your care. We strive to do our best to take care of you, treat you with dignity and respect and speed you along your course of diagnosis, treatment and health improvement.

We hope you find many special things about your care. One of those dimensions you may notice is our commitment to advancing electronic health records and being at the forefront of providing an integrated tool aimed at better care for you.

## What is an electronic health record?

An electronic health record is a computerized health record. It serves as a central repository of key facts, test and surgical results gathered from points connected to the record. Information is entered by a point of contact you experienced: an emergency department visit, outpatient diagnostic testing and screenings, a surgery, an inpatient hospital stay or a physician office utilizing the same electronic health record.

## What are the benefits of electronic health records to me?

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

**Coordination of care:** the many professionals who may be involved in your care have access to and can input information into 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.

## What is stored in a Texas Health Center for Diagnostics & Surgery electronic health record?

Your record may include your health and family health history, medications, lab results, radiological results, physician notes, surgical notes.

## How are my physicians connected and how do they use the Texas Health Center for Diagnostics & Surgery electronic health record?

Physicians on the medical staff of Texas Health Center for Diagnostics & Surgery who are involved in your care have access to these records as authorized by the admission form you sign upon registration or 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 now.

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

## What's the next advancement for electronic medical records?

The advancement of electronic health records is expanding rapidly as a cornerstone for cost-effective health care and improved patient outcomes. Health Information Exchanges (HIEs) are working to find means to share information from facility to facility in a more flexible manner. Ultimately, your health records, if you approve, might be sent anywhere you request for coordination of your care.



## Why is it important to select health care providers with electronic health records?

Consumers tell us that it is challenging for them to remember all of their doctors, test results and episodes of care. So having computerized records centrally stored that can speak for you when you can't, helps coordinate your care and helps provide for a more cost effective use of health care dollars.

## How is my information protected?

Texas Health Center for Diagnostics & Surgery 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 health care professionals. Should you want family and friends to be informed about your health care and condition, you may grant that on a form you sign at admission/registration. Our hospital has a privacy officer who can answer your questions about the use of and access to health information.

### NOTICE OF PHYSICIAN FINANCIAL INTEREST

You have been referred to Texas Health Center for Diagnostics and Surgery. You are hereby informed that your physician may hold or holds a financial interest in the hospital. You have the option, at your discretion, to use an alternative health care facility. A list of the physicians that hold a financial interest in the Hospital is available to you upon request.

# Health Information Exchange

## Frequently Asked Questions

### What is a Health Information Exchange?

A Health Information Exchange (HIE) is an electronic health information service that gathers patient health information from multiple health care providers who treat the patient and who participate in HIE services. HIEs allow your health information from one of your health care providers to be available electronically to your other health care providers if they participate in the same HIE services.

Texas Health Center for Diagnostics & Surgery participates in the following HIE services:

- Texas Health Resources Health Information Exchange (THR HIE) which connects to the North Texas Accountable Health Care Partnership Health Information Exchange (NTAHP)
- Care Everywhere
- SandlotConnect ([www.sandlot.com](http://www.sandlot.com))

### Why are Health Information Exchanges important and how will I benefit from participating?

HIEs give health care providers access to the patient's health information for continued care and contributes to coordination of care among providers. This coordination should help the health care team meet your health care needs in a more effective and timely manner.

HIE services may:

- Reduce the possibility of medical errors due to incomplete or inaccurate information.
- Improve appropriate treatment recommendations.
- Improve patient-physician communications, as well as communications across the continuum of your care.
- Reduce the need for you to manually pick-up and/or deliver medical records.
- Reduce orders for duplicate test and procedures.

### What do Health Information Exchange services mean to my provider(s)?

HIEs give providers convenient access to timely information about patients which helps facilitate decisions based on more comprehensive information. HIEs provide patient records containing information from all participating care points regardless of where the care was provided. They save the providers time in tracking down important patient information and give the providers additional information to consider in developing your treatment plans.

### What types of information will be made available via Health Information Exchange services?

The following types of information may be included:

- Allergies
- Medications
- Diagnoses
- Immunizations
- Test Results (Lab, X-ray, EKG)
- Discharge Information
- Providers Progress Notes
- Family/Medical/Surgical/Social History
- Vital Signs (blood pressure, heart rate, breathing rate, temperature)

### Is there a fee to participate in the Health Information Exchange?

No. There are no fees for opting in to these services.

### Will sensitive information be included in Health Information Exchange services?

There is specified information that requires additional authorization and will not be included in HIEs, such as certain mental health records, alcohol or substance abuse diagnoses and treatment information, HIV test results, and some occupational health records.

### Are my records private and secure?

Yes. The privacy and security of your health information is very important to Texas Health. Information is encrypted during

transmission of the information between systems, and health care providers have a secure login to access your information. Policies and procedures are in place to maintain the confidentiality and appropriate use of your information as described in the hospital's Notice of Privacy Practices.

### Is my health information automatically shared with Health Information Exchange services?

No. Although your information is stored within electronic systems, Texas Health requires your authorization for your health information to be viewable within HIE services. When you arrive for an appointment or visit at a participating provider, you will be asked to sign an authorization which will allow you the option to opt-in to make your information viewable or opt-out to make your information not viewable. Care Everywhere may require additional authorizations at the point of care by the sending organization.

### What are my rights? Can I choose not to participate in Health Information Exchange services?

It is your right as the patient to not share your patient information electronically with Health Information Exchange services.

When presented with the authorization, you can elect to opt-out of HIE services. By opting-out, your information will not be viewable to your future providers within HIE services.

### How does my choice to participate affect me?

Each of your providers who participate in the HIE noted above will obtain from you an authorization to opt in or opt out of the HIE services. If you elect to opt out, none of your information in that visit or any prior visit will be available for view by HIE participating providers. Your most recent choice controls all prior treatment information from all participating facilities and providers.



**If I agree to participate, can I choose to opt out at a later time?**

Yes. Participation in these HIE services is voluntary and you will have the right to change your mind at any time. If you decide to change your participation option, contact the Health Information Management (Medical Records) department at Texas Health Center for Diagnostics & Surgery or submit a revocation request at [www.TexasHealth.org/HIE](http://www.TexasHealth.org/HIE) Contact Us.

If you would like to opt out of the regional HIE, the North Texas Accountable Healthcare Partnership HIE, to exclude information that was not contributed by a Texas Health facility, you will have go directly to NTAHP at <http://ntahp.org/ntahp-opt-out>.

**If I opt out and agree to participate at a later time, will my past medical history be available during the time I was not participating?**

Yes. At the time you select to participate in the HIE services, your past and future information from participating providers will be viewable by your providers.

**As a legally authorized representative for the patient, am I able to sign authorizations for the electronic exchange of the records? (Ex. Biological Parent/Legal Guardian for minor, healthcare agent for activated Power of Attorney, etc.)**

Yes.

**Can my spouse or domestic partner sign authorizations on my behalf?**

No, not unless the person qualifies as the legally authorized representative.

**If I participate, is there tracking of who accesses my health information and can I find out who has requested access to my health information via Health Information Exchange services?**

Yes. Audit logs are available to track where, when and how health information records are accessed. You have the right to request a list of the information accessed, the provider(s) who accessed your health information and the relationship between you and the health care provider(s) accessing your information.

**Can I receive a copy of the records that my provider obtained from Health Information Exchange services?**

Yes. To receive a complete medical record, we recommend you contact each facility that provided care to you.

**Can I request changes to my health record or other information included in Health Information Exchange services?**

Yes. If there is information within your health record that you would like amended, contact the facility or provider's office in which the original documentation was created.

**Who should I contact if I have additional questions?**

If you have questions about how your health information was used for your care, visit with your health care provider at any time.

# Your Rights and Responsibilities as a Patient

## Your Rights As A Patient

We at Texas Health Center for Diagnostics & Surgery ("Hospital") 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 health care treatment will not be based on race, creed, sex, national origin, age, disability, or sources of payment. As a patient of the Hospital:

1. You have the right to a reasonable response to your request and need for treatment or service, within the Hospital's capacity, its stated mission, and applicable laws and regulations.
2. You have the right to be informed about which physicians, nurses and other health care 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, to be told of the risks of not having the treatment and to learn about other treatments which may be available.
5. You have the right to reasonable access to care. Although the Hospital respects your right to refuse treatments offered to you, the Hospital 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 Hospital strives to be considerate of the ethnic, cultural, psychosocial, and spiritual needs of each patient and family. The Hospital 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 Hospital.
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 Hospital 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 Hospital 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 Hospital 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 Hospital and Hospital 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 medications.
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 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 Hospital to other health care facilities as they relate to your care.

23. You have the right to submit a complaint to the Hospital 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 health care is vital, and you can be involved in the health care 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 health care 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 of other patients and Hospital employees.
6. Follow Hospital rules regarding the conduct of patients.
7. See that payment of charges for your health care 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 and insurance information.

## Problem Resolution

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

An issue can be addressed most promptly by speaking with your nurse or another health care professional involved in your care. However, if you feel an issue is not being addressed appropriately, or if you need additional assistance, please ask to speak to the department manager or director who serves as your patient advocate. If the department manager or director is not available and you need immediate assistance, you can contact the administrative supervisor at (972) 403-2797.

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

Texas Department of State Health Services  
Health Facility Compliance Division  
1100 West 49th Street | Austin Texas 78756 | (888) 973-0022

Patients may also contact The Joint Commission:

E-mail: [patientsafety@jointcommission.org](mailto:patientsafety@jointcommission.org)

Fax: Print a Quality Incident Report Form from the website, [jointcommission.org](http://jointcommission.org), and fax to:  
Office of Quality & Patient Safety, (630) 792-5636.

Mail: Print form as above and mail to:  
Office of Quality & Patient Safety  
The Joint Commission  
One Renaissance Boulevard | Oakbrook Terrace, IL 60181

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 hospital treatment furnished to Medicare patients. Contact:

KePRO  
Rock Run Center | 5700 Lombardo Center, Suite 100 | Seven Hills, Ohio 44131 | (844) 430-9504

A patient who feels he or she has been discriminated against at the Hospital 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, preferably within 30 days of the incident, to Texas Health Center for Diagnostics & Surgery, Attention: Chief Nursing Officer, 6020 West Parker Road, Plano, Texas 75093.

# 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 hospital, physician or other health care provider, a record of your visit is made in order to manage the care you receive. Texas Health Center for Diagnostics & Surgery ("Hospital") understands 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 the Hospital may use and disclose your information and the rights that you have regarding your health information. It also applies to physicians and allied health professionals with staff privileges at the Hospital, for the care they provide in cooperation with the Hospital.<sup>1</sup>

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 the 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, by written request, 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.
- 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

Our Hospital 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 the Hospital's legal duties and privacy practices regarding the information that we maintain about you;
- Abide by the terms of the Notice currently in effect.
- 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.

Our Hospital reserves the right to change this Notice of Privacy Practices and our information privacy policies and practices related to any health information that we maintain. If changes are made, the revised Notice of Privacy Practices will be made available at the Hospital and posted on the Hospital's website, and will be supplied when requested.

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<sup>1</sup>Doctors on the medical staff practice independently and are not employees or agents of the Hospital.

## Uses and Disclosures of Health Information without Authorization

When you obtain services from the Hospital, 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 entity and other involved providers. The following categories describe ways that the Hospital uses or discloses 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 the Hospital. This information may be disclosed to other physicians who are treating you or to other health care facilities involved in your care. Information may be shared with pharmacies, laboratories or imaging 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 company or a third party. Information may be provided to your health plan about treatment you are going to receive in order to obtain prior approval or to determine if your health plan will cover the treatment.

### Your health information will be used for health care 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 Center for Diagnostics & Surgery 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 or 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, the Hospital requires its business associates to agree 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 included in the patient directory. 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 health care providers such as a home health agency. 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 for situations in which you are incapacitated or in emergency circumstances.

## 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

# Notice of Privacy Practices *(continued)*

adverse events related to food, medications 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;
- 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 communications 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 communications.
- Using your health information for the purposes of fundraising for a Texas Health entity. You will have the opportunity to opt out of any future communications. 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.

## **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 Privacy Officer at (800) 381-4728.

## **Effective Date**

This notice became effective on July 9, 2013. Revised: January 5, 2017.

# Introducing *ThrivePatientPortal*

## Keeping You Informed

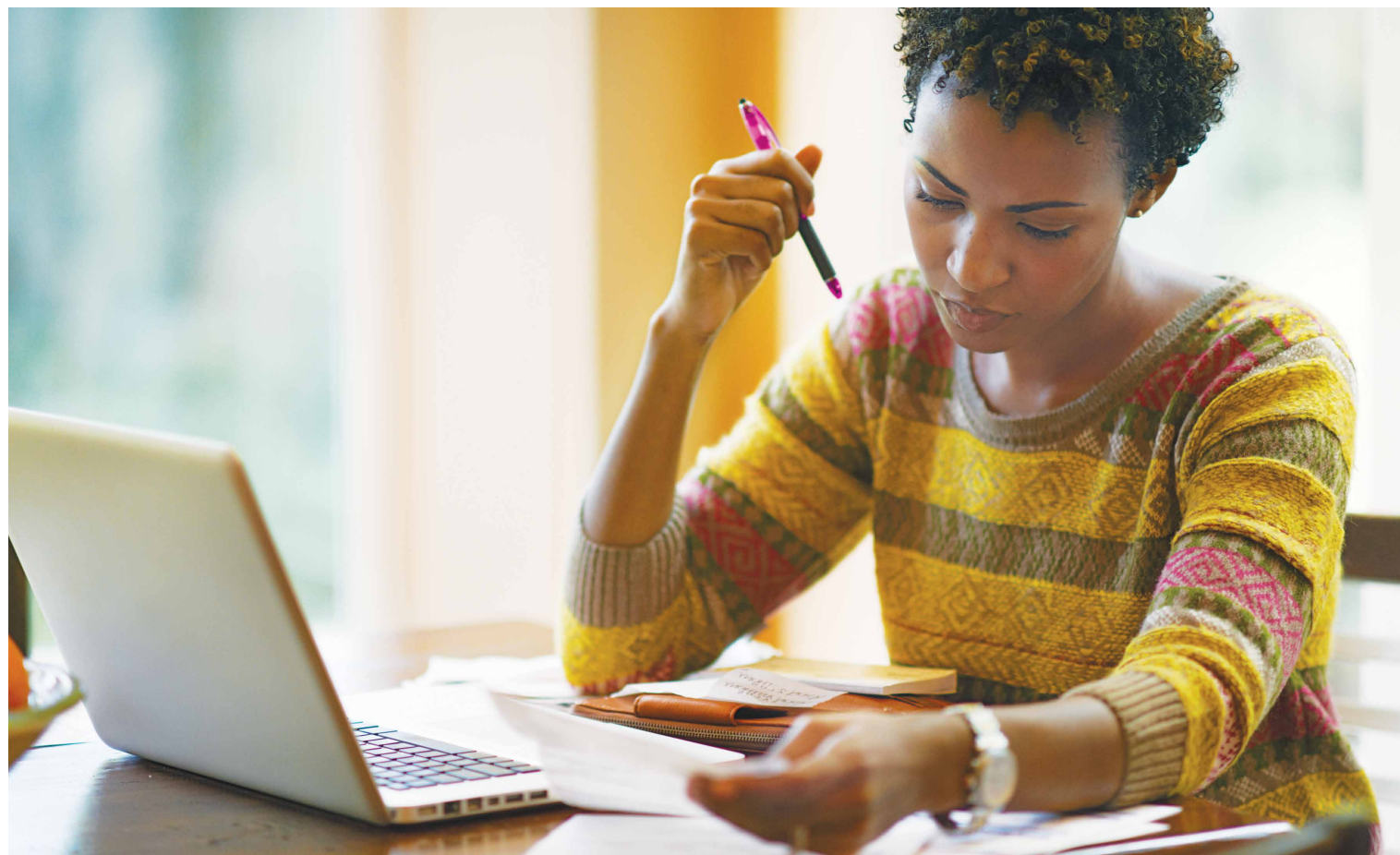
Texas Health Center for Diagnostics & Surgery is pleased to introduce **ThrivePatientPortal**, a patient portal for viewing your health information.

**ThrivePatientPortal** can be accessed by visiting ***ThrivePatientPortal.com***.

This is a convenient and user-friendly way to view your personal health information electronically. You can access key parts of your personal health information anytime and anywhere. Using **ThrivePatientPortal** can empower you to take control of your health and promote well-being between visits. **ThrivePatientPortal** uses a secure internet connection and is password protected to safeguard your information.

Some benefits include:

- Allows you to review recent test results
- Enhances your relationship with health care professionals by fostering collaboration in your care
- Stores hospital discharge instructions and physician's instructions for review at anytime
- Provides you the option to view your health data anytime (such as lab results) thus helping you manage chronic conditions
- Allows you to view your medical history and medications your physician ordered via a secure internet connection



# Communicating your Medical Care Choice

When you need medical care, certain decisions need to be made involving 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 of sound mind 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.

There is a way under Texas law for you to make “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 booklet will give you some basic information about your rights as a patient and about advance directives recognized in Texas. After reading this booklet, if you have questions, need further information or wish to sign an advance directive, contact your nurse who will have someone in the hospital assist you. For more detailed information, you can request the “Your Right To Choose” booklet.

## What are the Hospital’s policies on consenting to medical treatment?

Our Hospital is committed to honoring a patient’s rights to make his or her own medical decisions, including the right to refuse treatment. Our Hospital has adopted formal policies to respect your right to make an informed decision concerning your medical care to the extent permitted by law. In addition, the policies 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 to have more information about these policies, contact your nurse or doctor.

## What is an advance directive?

An advance directive is a type of form that allows 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. A signed advance directive will only be followed at the time you become mentally or physically unable to make medical care decisions or state your wishes.

The four 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 form that allows 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 medications 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 have. 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 is a form that allows 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. This form applies only to your medical care, not your business affairs.

### 3. Out-of-Hospital Do-Not-Resuscitate Order

An Out-of-Hospital DNR Order allows 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 health care providers, such as paramedics, not to use CPR and other life-sustaining treatments. This advance directive form must be signed by your doctor and you or your legal representative.

### 4. Declaration for Mental Health Treatment

Another type of advance directive is a form that deals with mental health treatment issues only. A Declaration for Mental Health Treatment allows you to tell health care providers your choices for mental health treatment, should you become unable to make decisions as a result of a mental illness. The form allows you to state the kinds of mental health services you do or do not agree to (including psychoactive medications, convulsive treatment and choices for emergency treatment such as restraint, seclusion, or medication). You may obtain forms for the Declaration of Mental Health Treatment from a psychiatrist, psychologist, licensed social worker, other mental health provider or an attorney. A copy of the signed form should be provided to your doctor, family members, significant other, the person you have chosen as your health care agent, and/or your attorney.

*Note: The Hospital does not regularly provide mental health services. However, in accordance with federal law, it is our policy 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.*

## Who needs a copy of my advance directives?

You should keep the advance directive forms that you sign and 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 hospital, tell your doctor, family, health care agent, and others who need to know.

## Am I required to 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 hospital, nursing home, or home health care agency. If you do sign one, it will not affect any other of your 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. For example, your physician may issue a health care facility DNR order in certain limited circumstances.

## What is a health care facility do-not-resuscitate order?

A health care facility do-not-resuscitate order ("hospital DNR order") is an order that may be issued when you are a hospital inpatient that instructs health care professionals not to attempt CPR on you when your circulatory or respiratory function ceases. Commencing April 1, 2018 your attending physician may issue this order only in combination with: (i) your written or spoken direction before you became unable to state your wishes, (ii) your prior executed advance directive, (iii) the directions of your legal guardian or agent under a medical power of attorney, or (iv) your spouse, reasonably available adult children, parents, or nearest relative, in that order; or (v) if the DNR order is not contrary to any directions you gave when you were competent, your attending physician reasonably believes your death is imminent regardless of whether you are provided CPR, and the DNR order is medically appropriate. The hospital DNR order issued under (v) will not become effective until the hospital informs you or, in the event you are incompetent, the hospital makes a reasonable attempt to notify your guardian, agent or family.

## Where can I get the forms for a Living Will or Medical Power of Attorney?

You can obtain Texas Living Will and Medical Power of Attorney forms in the admitting 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 what treatments you would desire if you were too sick or unable to state the treatment you wish to receive. Talk about it with your doctor and family. Put choices in writing in one or more advance directives.

For help with filling out an advance directive, ask facility personnel to contact the appropriate staff member to assist you. 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 as applicable. You may also contact the Texas Department of State Health Services regarding your concerns.

Texas Department of State Health Services  
Health Facility Compliance Division  
1100 West 49th Street | Austin, Texas 78756 | (800) 228-1570

# Medicare and Outpatient Medications

## Important Coverage Information For Medicare Patients

### Questions and Answers

The Medicare program provides only limited benefits for outpatient medications. Specifically, Medicare does not cover medications that are usually “self-administered”. As a result, hospitals must bill Medicare patients directly for what Medicare considers “usually” self-administered. Here are answers to commonly asked questions about Medicare coverage of outpatient drugs.

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

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

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

Medications 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, medications provided for continued use at home after leaving the hospital are not covered.

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

Medicare does not pay for most outpatient medications even if a nurse has to pour or crush a drug in some manner to prepare the drug prior to giving the medication to you.

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

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

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

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

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

Please review your Medicare handbook, “Medicare and You”, for more information on your Medicare benefits. You may also call 1-800-MEDICARE ((800) 633-4227) or, if you have internet access, visit [www.cms.hhs.gov](http://www.cms.hhs.gov).

# The Health Insurance Marketplace

## Knowing your Options

On October 1, 2013, the Health Insurance Marketplace (“The Marketplace”) began allowing all Americans to shop for the insurance coverage that best fits their budget and health care needs. The Marketplace presents an important opportunity for previously uninsured or those who would like to compare new options against their current coverage.

The Marketplace will also tell you if you qualify for free or low-cost coverage through Medicaid or the Children’s Health Insurance Program (CHIP).

Texas Health encourages all who are eligible to enroll in an insurance plan that meets their health care needs. For information about available options, we encourage you to visit these resources:

HealthCare.gov has information and tools to help you understand how the Affordable Care Act will work and how to enroll. Whether you’re looking for coverage for yourself, your family or small businesses, Health and Human Services can answer your questions online or through their 24-hour call center.

**Website: [HealthCare.gov](http://HealthCare.gov) or [CuidadoDeSalud.gov](http://CuidadoDeSalud.gov)**

**By Phone 24/7: (800) 318-2596 TTY: (855) 889-4325**

You may qualify for financial help in paying for insurance. The Kaiser Family Foundation Calculator (<http://kff.org/interactive/subsidy-calculator>) can help you find an estimated cost for insurance and whether you can get financial assistance.

Texas Health may not accept all insurance policies. Please check with your insurance company to verify coverage.

# Notice of Nondiscrimination

Texas Health Center for Diagnostics & Surgery Plano (the "Hospital") complies with applicable Federal civil rights laws and 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.

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

The Hospital provides free aids and services to people with disabilities to communicate effectively with us, including qualified sign language interpreters, and written information in other formats (large print, audio, accessible electronic formats, other formats).

In addition, the Hospital provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, please contact the Hospital's Civil Rights / Section 504 Coordinator. If you believe that the Hospital has failed to provide these services or discriminated in another way on the basis of race, color, ethnicity, national origin, culture, religion, language, physical or mental disability, age, sex, sexual orientation (including gender identity and expression), or socioeconomic status you can file a grievance with the Hospital's Civil Rights / Section 504 Coordinator:

Texas Health Center for Diagnostics & Surgery  
CNO/Civil Rights Coordinator  
6020 Parker Road  
Plano, TX 75093  
Telephone: (972) 403-2700,  
1 (800) 735-2989 (TTY/TDD)

You can file a grievance in person, by mail, fax, or email. If you need help filing a grievance, the Hospital's Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
Telephone: 1 (800) 368-1019,  
1 (800) 537-7697 (TTY/TDD)  
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

MULTI-LANGUAGE INTERPRETER SERVICES	
<b>Spanish</b>	<b>Vietnamese</b>
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-735-2989 (TTY).	CHU Y: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-735-2989 (TTY).
<b>Korean</b>	<b>Chinese</b>
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-735-2989 (TTY) 번으로 전화해 주십시오	注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-800-735-2989 (TTY).
<b>Tagalog</b>	<b>Arabic</b>
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-735-2989 (TTY).	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-735-2989
<b>Urdu</b>	<b>French</b>
خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-800-735-2989 (TTY).	ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-735-2989 (TTY).
<b>German</b>	<b>Hindi</b>
ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-735-2989 (TTY).	ध्यान दा: याद आप हिंदी बोलते ह तो आपके लिए मुफ्त मा भाषा सहायता सेवाएं उपलब्ध ह। 1-800-735-2989 (TTY) पर कॉल करा।
<b>Farsi</b>	<b>Lao</b>
توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می. تماس بگیرید. (TTY) باشد. 1-800-735-2989	ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-735-2989 (TTY).
<b>Gujarati</b>	<b>Russian</b>
ધુના: જો તમે જરાતી બોલતા છો, તો િન:જુ ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છ. ફોન કરો 1-800-735-2989	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-735-2989 (TTY).
<b>Japanese</b>	
注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-800-735-2989 (TTY) まで、お電話にてご連絡ください	

# 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 hospital care at Texas Health Center for Diagnostics & Surgery Plano ("Hospital"), by Hospital 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 health care 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 in connection with my treatment, photos or videos may be taken. Any tissue or body parts removed from my body may be retained or disposed of by the Hospital 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 Hospital and that the Hospital is not responsible for their judgment or conduct. They practice independently and are not employees or agents of the Hospital. The exception to this is that some physicians may be medical residents in a graduate medical education program of the Hospital 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 Hospital's Financial Assistance Policy.
3. **No guarantee.** I acknowledge that no guarantees or warranties have been made to me with the respect to treatment or services to be provided at this Hospital. I understand that all supplies, medical devices and other goods provided or billed to me by the Hospital are provided by the Hospital on an "AS IS" basis, and the Hospital 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 manufacturer's warranty information concerning such supplies and/or devices.
4. **My valuables:** I understand that the Hospital does not assume responsibility for personal property I keep with me during my treatment/hospital 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 Hospital 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 payer 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 Hospital 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 Hospital and/or Hospital-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 payer providing benefits on my behalf to pay the Hospital and/or Hospital-based physicians directly for the services and goods the Hospital and/or Hospital-based physicians provide to me.
6. **Financial agreement:** I hereby promise to pay the Hospital its full billed charges for all services and goods provided to me. I understand that the Hospital, as a courtesy to me, may bill my insurance company, health benefit plan, or other non-governmental payer concerning the services and goods provided by the Hospital to me but that the Hospital is under no obligation to do so. Except as prohibited by law or by written agreement of the Hospital, I agree to pay for any charges not covered and covered charges not paid in full by any applicable insurance and/or health benefit plan including charges payable as co-insurance, deductibles, and non-covered benefits due to policy and/or plan limitations, exclusions, and/or failure to comply with insurance and/or plan requirements. I further understand that the Hospital, by mutual agreement with me or a person and/or entity making payments on my behalf, may agree to accept a discounted amount of its charges in full payment of the charges. However, to the extent the Hospital has not agreed to accept less than the charges, 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 Hospital may bill such plan and may accept as payment in full a discounted payment for the services and goods provided to me. The Hospital's Financial Assistance Policy may be available if Hospital 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 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 and understand my service provider's standard charges may apply. I understand that these collection attempts could be performed by the Hospital or its affiliates/agents including, without limitation, any account management companies, independent contractors or collection agents.

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 State Department of Health & 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. **Medicare patients only:** I acknowledge receipt of the written material entitled, "Important message from Medicare".
9. **Communicable disease testing.** I acknowledge that Texas law provides if any health care worker is exposed to my blood or other bodily fluid, the Hospital 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 Hospital. I understand that the results of tests taken under these circumstances are confidential and do not become a part of my Hospital patient record.
10. **Obstetrics patients only:** This Admission Acknowledgments & General Consent for Treatment also applies to any child(ren) born to me during this hospitalization.
11. **Outpatients only:** If I am registering as an outpatient, I understand this form is valid during my present visit and future outpatient visits at the Hospital until revoked by me or I sign a new Admission Acknowledgments & General Consent for Treatment form.
12. **Notice of Physician Financial Interest.** You have been referred to Texas Health Center for Diagnostics & Surgery. You are hereby informed that your physician may hold or holds a financial interest in the Hospital. You have the option, at your discretion, to use an alternative health care facility. A list of the physicians who hold a financial interest in the Hospital is available to you upon request.

### 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
Witness	Title	Date	Time

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

Name	Phone number
Address	

# Protected Health Information, Third-Party Payer Notice to Patients & Advanced Directives

## 1. Protected Health Information

**a. Notice of Privacy Practices:** I acknowledge receipt of the Texas Health Center for Diagnostics & Surgery Plano's (the "Hospital") Notice of Privacy Practices. \_\_\_\_\_ Patient's Initials

**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), 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 Hospital must keep my medical records for a time required by law and then may dispose of them as permitted or required by law.

**c. Consent for Health Information Exchange:** I authorize the Texas Health hospitals and Texas Health Physicians Group to use my medical information described in the previous paragraph for my continuing medical treatment and to release my medical information described above to my health care providers using the Health Information Exchanges in which Texas Health hospitals participate. 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.

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 Hospital for processing. This authorization will remain in effect for 99 years, unless I revoke it in writing. Obstetric patients only: I also give this authorization for any child(ren) born to me 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 release of my medical information to and from the Health Information Exchanges in which Texas Health hospitals participate: \_\_\_\_\_ Yes \_\_\_\_\_ No (Patient Access Services: Enter "No" in the RHIO field when the patient declines to participate.)

### d. Authorization for Verbal Release of Protected Health Information Privacy Selection:

**Directory Information.** I understand that "Directory Information", such as my presence in the Hospital and room number, as described in the Hospital's 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 hospital staff will not be able to acknowledge my presence.) I also understand that if I make phone calls from the Hospital, 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 Hospital's Notice of Privacy Practices, unless I give my permission as provided below:

I authorize this Hospital 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, 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 hospitalization or outpatient service unless I revoke the consent prior to that time.

## 2. Notice to patients - Third party payer information:

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

I understand that some of the doctors, including facility-based doctors who provide services to me while I am in the Hospital, may or may not be a participating provider with the same third-party payers as the Hospital. For example, my admitting doctor, hospitalists, emergency room doctors, pathologists, radiologists, anesthesiologists, neonatologists, and others, bill separately from the Hospital and might not participate in the same health plans as this Hospital. I will be responsible for paying those providers subject to the terms of my health plan or insurance, if any. The physician and professional services are not covered by the Hospital's 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 Hospital. I may request information from a facility-based doctor(s) regarding whether he/she has a contract with my health benefit plan and under what circumstances I may be responsible for payment of any amounts not paid by my health benefit plan.

### 3. Advance directives:

#### a. To be completed for Hospital outpatients and emergency room patients only

Are you presenting an Out-of-Hospital DNR order or bracelet? ☐ Yes ☐ No Copy provided? ☐ Yes ☐ No

#### b. To be completed for Hospital inpatients and outpatients undergoing invasive procedures only:

1. Who is answering the following questions? Patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Person with patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Was printed information about advance directives offered to you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Information received?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you have a directive to physicians (living will)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Copy provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you have a medical power of attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Copy provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you have a mental health directive?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Copy provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are you presenting an out-of-hospital DNR order or bracelet?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Copy provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Would you like to discuss advance directives with a Hospital staff member?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	Referred to: _____	

I understand it is my responsibility to provide a copy of my advance directives to the Hospital. (\*Hospital Staff Note: Shaded area indicates that advance directive follow-up documentation is required.)

### 4. Patient's 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. Outpatients only:

If I am registering as an outpatient, I understand this form shall be valid during my present visit and future outpatient visits at the Hospital until revoked by me or I sign a new Protected Health Information, Third-Party Payer Notice to Patients & Advance Directives form.

### Acknowledgment:

I, the undersigned, certify that I have read and fully understand the information in this *Protected Health Information, Third Party Payer Notice to Patients & Advance Directives form*.

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

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 give full name, phone number and address:**

Name	Phone number
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Address
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*Texas Health Center for Diagnostics & Surgery Plano is a joint venture owned by Texas Health Resources and physicians dedicated to the community and meets the definition under federal law of a physician-owned hospital. Doctors on the medical staff practice independently and are not employees or agents of the hospital.*

