

Patient Guide



Texas Health
Heart & Vascular HospitalSM
ARLINGTON



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

Barclay E. Berdan, FACHE, CEO
Texas Health Resources

Welcome

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

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

If you happen to receive a survey regarding this visit, it would be very helpful to us if you could complete the questionnaire. We value your feedback and use it as a way to recognize and thank the people who took care of you. Your feedback also helps us to continually improve our care and to make the health care experience as positive and comfortable as possible for you and those who come to us for care in the future.

In our efforts to hear and include the voices of our community, we would like to take this opportunity to invite you to join our online community, *The Forum by Texas Health*. *The Forum* consists of people like you who are willing to share opinions and provide feedback about Texas Health's programs, services and their overall experience with us. *The Forum* is a vital part of our effort to ensure that we are evolving our services to meet the needs of our community. If you are interested in joining, please visit ForumByTexasHealth.com/Join.

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

Mission

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

Vision

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

Professional and Physician Services

Professional and Physician Services

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

Billing for Out-of-Network Services

Physicians supervising and/or directing care at Texas Health facilities are independent practitioners - not employees - of the facility. As a result, Texas Health cannot ensure that physicians are contracted providers with your insurance company's provider network. If an out-of-network physician provides professional services, it is likely that you will be responsible for these expenses.

Questions

If you have any questions about these bills, please refer to the insert listing providers of professional and physician services.

Texas Health Offers Free Online Bill Pay and No-Interest Payment Plans Designed for You

Pay your medical bills online safely and conveniently by visiting *TexasHealth.org*.

Bill payment plans are also available with:

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

Texas Health offers 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 800-890-6034.



Request a Cost Estimate

We are glad to provide you with a cost estimate. The estimate is based on facility charges for anticipated routine care and recovery, taking into consideration insurance coverage, copayments, deductibles, coinsurance and other information that may affect personal out-of-pocket costs.

Call 877-773-2368, option 3, for assistance.

Monday - Friday, 8 a.m. - 8 p.m.
Saturday - 8 a.m. - 4 p.m.

You may also request a cost estimate online at:

[TexasHealth.org/Cost-Estimate](https://www.texashealth.org/cost-estimate).

Helpful Patient Billing Information

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

Up-Front Payment

Our practice is to collect all known patient responsibility payments when you register, including deductibles, copayments, coinsurance and deposits based on estimated charges. Your final bill, less the deposit, will reflect actual charges for services provided, which may be higher or lower than the estimate provided at registration. If actual charges are higher than estimated, we may ask you for additional payment. If actual charges are lower than your deposit, 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 due by you. 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 for the remaining balance, which may include deductibles, copayments 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 has an interest-free loan program for patients in need of extended terms. You may contact Customer Service at 800-890-6034 to set up a payment plan.

Without Insurance Payment

Texas Health offers a discount for patients without 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 Payment

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

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

Online Bill Payment

If you have a balance after discharge, the Texas Health website enables you to pay your bill online with an e-check, debit or credit card. Visit **[TexasHealth.org/Bill-Pay](https://www.texashealth.org/Bill-Pay)** for an easy, secure and free way to submit payment. To make a payment, you will enter the last name of the patient and the account number, located at the top of your Texas Health billing statement.

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



GO TO
[TexasHealth.org/Bill-Pay](https://www.texashealth.org/Bill-Pay)
for an easy, secure and free way
to submit payment.

Customer Service

We are here to answer your questions and provide additional information. Our customer service representatives can be reached at 800-890-6034 from 8 a.m. - 4:30 p.m. (CST). A representative will request your account number and answer questions about your account and/or bill.

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

- Pay your bill
- 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, seven days a week.

Questions can also be sent by email to CustomerService@TexasHealth.org.

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

Financial Assistance

How Can I Get Assistance With My Bill?

The financial assistance policy and the plain language summary for obtaining assistance with your bill 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 stay or throughout the 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 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 facility bill. The amount 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: 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 facility in the Admitting Department, or at 500 E. Border St., Suite 1200, Arlington, TX 76010. You can ask for assistance with the financial assistance policy or the application by calling the Customer Service Department at 800-890-6034. In some cases, you may receive financial assistance from the facility without applying.

Documentation

You are responsible for providing information in a timely manner about your health benefits, income, assets and any other documentation that will help to determine if you qualify. Documentation examples include bank statements, income tax forms and paycheck stubs.

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 the Customer Service Department at 800-890-6034.



Communicating Your Medical Care Decisions

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.

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

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

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

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

What Is an Advance Directive?

An advance directive is a document that enables you to state your choices for medical treatment before you actually need such care. It may also name a person to make treatment choices for you. 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 document that enables you to tell your doctor and those close to you what you wish to be done or not done should you need life-sustaining treatment. Your living will is followed when your doctor has determined that you have a terminal or irreversible illness and you are not able to state your wishes. Life-sustaining treatment is a treatment or procedure that sustains a patient's life and includes life-sustaining medicines and artificial life support such as mechanical breathing machines, kidney dialysis, and artificial nutrition and hydration. A living will can only be followed if you have been diagnosed with a terminal or irreversible illness and you are unable to tell others what treatments you wish or do not wish to receive. Before signing a living will, you should consider how you feel about the use of life-sustaining treatments during a terminal or irreversible illness.

2. Medical Power of Attorney (formerly called a durable power of attorney for health care)

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

3. Out-of-Hospital Do-Not-Resuscitate (DNR) Order

An Out-of-Hospital DNR order enables you to refuse certain life-sustaining treatments outside of a hospital inpatient setting. An Out-of-Hospital DNR order form or ID necklace or bracelet will tell health care providers, such as paramedics, not to use CPR and other life-sustaining treatments. This advance directive document must be signed by your doctor and you or your legal representative.

4. Declaration for Mental Health Treatment

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

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

Where Should I Keep My Advance Directives?

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

Must I Have an Advance Directive?

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

What If I Don't Have an Advance Directive?

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

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

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

It's Not Too Early

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

More Information

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

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

Health Facility Compliance Group (MC 1979)
Texas Department of State Health Services
Texas Health and Human Services Commission
P.O. Box 149347
Austin, TX 78714-9347
888-973-0022

Your Comfort Matters - It Is Important To Us

Why Is Comfort Important?

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

What Comfort Techniques Can Be Used?

We have a variety of things that may help you feel more comfortable and improve your healing. Using some of these techniques together with pain medicine may help you feel better and more relaxed than with pain medicine alone. These comfort measures are free of charge and you may find that some work better for you than others. Additional comfort measures include:

- Applying heat or cold
- Relaxation techniques
- Changing positions and using pillows
- Prayer
- Music

We will work together to create a personal comfort plan and check in regularly about what is working for you.

What Medicines Can Be Used?

In addition to comfort measures, there are many kinds of pain medicines that can help you feel better. The type of medicine depends on the kind of pain you are having, what is causing your pain, your medical history, and many other factors. Medicines such as Tylenol® (acetaminophen), aspirin, or Advil® (ibuprofen) are used for mild to moderate pain. Other medicines such as muscle relaxants and antidepressants are also helpful in other situations. Your doctor will decide if stronger medicines are needed.

What Should I Ask My Doctor or Nurse?

- What will be done to relieve my pain?
- How much and when should I take this medicine?
- What are the most common side effects of this medicine?
- How are the side effects prevented and treated?
- What are some effective non-medicine approaches that can help my pain?

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

Safe Use, Storage and Disposal of Medicines

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

Your Rights and Responsibilities as a Patient

Your Rights As a Patient

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

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

23. You have the right to submit a complaint to the Facility regarding your care or regarding any belief you have that you are being discharged too soon. Your care will not be affected by submitting a complaint. The steps for doing so are at the end of this statement.
24. You have a right to request and/or be provided language assistance i.e., interpreter services, if you have a language barrier or hearing impairment. This will be provided at no cost to you to help you actively participate in your care.

Your Responsibilities As a Patient

Your contribution to your 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 Facility employees.
6. Follow Facility 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 Facility patient the right to be informed of how to submit a complaint to the Facility relating to his/her care or relating to the belief that he/she is being discharged from the Facility prematurely. Each patient has the right to be informed 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 Facility'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 call the administrative supervisor at the Facility's main number listed on the following page.

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

Health Facility Compliance Group (MC 1979)
Texas Department of State Health Services
P.O. Box 149347 | Austin, TX 78714-9347 | 888-973-0022

Patients may also contact The Joint Commission:

Email: patientsafetyreport@jointcommission.org

Fax: Print a Quality Incident Report form at jointcommission.org/report_a_complaint. Submit a new patient safety event or concern or submit an update to your incidence by fax to 630-792-5636.

Mail: Print form as above and mail to:
Office of Quality and Patient Safety
The Joint Commission
One Renaissance Blvd. | 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 Facility 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 a Texas Health Facility on the basis of race, color, national origin, disability or age has a right to file a complaint. The written account of the alleged discrimination should be sent or delivered to the attention of the president at the specific Facility (see address information on the following page), preferably within 30 days.

Texas Health Facility Contact Information

- **Texas Health Arlington Memorial Hospital** | 817-960-6100
800 W. Randol Mill Road, Arlington, TX 76012
 - **Texas Health Behavioral Health Arlington** | 682-236-6023
800 W. Randol Mill Road, Arlington, TX 76012
- **Texas Health Presbyterian Hospital Allen** | 972-747-1000
1105 Central Expressway N., Allen, TX 75013
 - **Texas Health Behavioral Health Allen** | 682-236-6023
1105 Central Expressway N., Allen, TX 75013
- **Texas Health Harris Methodist Hospital Alliance** | 682-212-2000
10864 Texas Health Trail, Fort Worth, TX 76244
- **Texas Health Presbyterian Hospital Dallas** | 214-345-6789
8200 Walnut Hill Lane, Dallas, TX 75231
 - **Texas Health Behavioral Health Dallas** | 682-236-6023
8200 Walnut Hill Lane, Dallas, TX 75231
- **Texas Health Presbyterian Hospital Denton** | 940-898-7000
3000 N. Interstate Highway 35, Denton, TX 76201
- **Texas Health Harris Methodist Hospital Cleburne** | 817-641-2551
201 Walls Drive, Cleburne, TX 76033
- **Texas Health Presbyterian Hospital Kaufman** | 972-932-7200
850 Ed Hall Drive, Kaufman, TX 75142
- **Texas Health Harris Methodist Hospital Fort Worth** | 817-250-2000
1301 Pennsylvania Ave., Fort Worth, TX 76104
 - **Texas Health Neighborhood Care & Wellness Burleson** | 817-782-8000
2750 SW Wilshire Blvd., Burleson, TX 76028
 - **Texas Health Neighborhood Care & Wellness Willow Park** | 817-757-1500
101 Crown Pointe Blvd., Willow Park, TX 76087
- **Texas Health Specialty Hospital Fort Worth** | 817-250-5500
1301 Pennsylvania Ave., Fort Worth, TX 76104
- **Texas Health Harris Methodist Hospital Hurst-Euless-Bedford** | 817-848-4000
1600 Hospital Parkway, Bedford, TX 76022
 - **Texas Health Springwood Behavioral Health Hurst-Euless-Bedford**
2717 Tibbets Drive, Bedford, TX 76022 | 682-236-6023
- **Texas Health Presbyterian Hospital Plano** | 972-981-8000
6200 W. Parker Road, Plano, TX 75093
 - **Texas Health Neighborhood Care & Wellness Prosper** | 469-329-7900
1970 W. University Drive, Prosper, TX 75078
 - **Texas Health Seay Behavioral Health Plano** | 682-236-6023
6110 W. Parker Road, Plano, TX 75093
- **Texas Health Recovery & Wellness Center** | 682-236-6023
240 N. Miller Road, Mansfield, TX 76063
- **Texas Health Harris Methodist Hospital Southwest Fort Worth** | 817-433-5000
6100 Harris Parkway, Fort Worth, TX 76132
 - **Texas Health Hospital Clearfork** | 817-433-7000
5400 Clearfork Main St., Fort Worth, TX 76109
- **Texas Health Harris Methodist Hospital Stephenville** | 254-965-1500
411 N. Belknap St., Stephenville, TX 76401
- **Texas Health Heart & Vascular Hospital Arlington** | 817-960-3500
811 Wright St., Arlington, TX 76011
- **Texas Health Medical Support** | 682-236-5050
Texas Health Resources Infusion Pharmacy, Texas Health Resources Pharmacy and Texas Health Resources Pharmacy Benefits Management
600 E. Lamar Blvd., PAV 2, Arlington, TX 76011

Notice of Non-discrimination

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

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

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

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

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

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

You can file a complaint of discrimination electronically through the Office for Civil Rights Complaint Portal, which is available at: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf> or by mail or phone at:

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

Complaint forms are available online at hhs.gov/ocr/complaints/index.html.

Medicare Outpatient Medicines

Important Coverage Information for Medicare Patients

Questions and Answers

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

1. What are outpatient self-administered medicines?

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

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

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

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

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

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

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

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

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

6. Where can I get more information?

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

Online Resources



Online Pre-Registration

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

If you are planning an upcoming service, maternity stay or elective surgery, you can complete the facility pre-registration process online. Start by gathering relevant primary and secondary insurance information, the guarantor’s personal and employment specifics, and emergency contact numbers.

Visit TexasHealth.org/Pre-Register and select the appropriate facility link. You will be provided a unique identifier so that you may return to edit your information as needed.

All maternity patients should complete this online form at least four weeks prior to delivery.

Non-maternity patients with a scheduled procedure date should complete it at least three days prior to admission. If your admission is not yet scheduled, please contact your physician to arrange a procedure date and time, then return to the website to complete your online pre-registration.

For assistance or to pre-register by telephone, please call 877-PRE-ADMT (877-773-2368).

Working Together for Patient Safety

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

Patient Falls

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

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

Clean Hands

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

- Wash or gel your hands often to prevent infection.
- Ask your family and friends to clean their hands.
- If you do not see a health care team member cleaning his or her 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 for the right patient for the right reasons.

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

Time Outs

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

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

Antibiotics

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

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

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

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

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

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

Isolation Precautions

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

SCDs (Sequential Compression Devices) and Foot Pumps

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

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

Electronic Health Records

Let your Medical Records Speak for You Even When You Can't.

Thank you for choosing Texas Health for your care. We will strive to do our best to take care of you, treat you with dignity and respect, and help you along your journey of diagnosis, treatment and health improvement.

We are committed to advancing electronic health records, providing a tool designed to improve coordination of your care.

What Is a Texas Health Electronic Health Record?

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

How Do Electronic Health Records Benefit Me?

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

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

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

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

What Is Stored In a Texas Health Electronic Health Record?

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

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

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

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

What's the Next Advancement for Electronic Health 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 choose 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 to remember all the doctors, test results and episodes of care they might receive. Computerized records, centrally stored that can speak for you when you can't, help coordinate your care and provide a more cost-effective use of health care dollars.

How Is My Information Protected?

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



MyChart Patient Portal

Texas Health MyChart App

You can download our app to view your health information at home or on the go. Visit the Apple App Store or Google Play Store on your device to download the Texas Health MyChart app. If your physician's office offers MyChart, you can communicate electronically to ask questions about your health, request medication refills, schedule follow-up appointments and pay your bills.

MyChart Help

Phone: 682-236-6700
(Monday-Friday, 8 a.m. - 5 p.m.)

Email: MyChartHelp@TexasHealth.org

Sign up and activate at:
MyChart.TexasHealth.org, or
from the **Texas Health app**.



Day at-a-Glance

While admitted at a Texas Health facility, you can view your treatment schedules for the day. This feature includes medicines that are due to be administered and scheduled lab tests. From the *Appointments* tab, click *Day at a Glance*.

Going Home

When you leave a Texas Health facility, you can access your care instructions from the *Upcoming and Past Visits* section of the *Appointments* tab. Click on your visit to view *Discharge/After Visit Summary*.

MyChart for My Family or Legal Guardian (Proxy Access)

If you would like someone else to have access to your MyChart account, you need to complete a proxy form.

This form can be provided by your nurse or you can access it from MyChart.TexasHealth.org.

Once completed, the form can be sent electronically to the Texas Health Medical Records team at: HIMSROI@TexasHealth.org or mailed to Health Information Management Services, 500 E. Border St., Suite 700, Arlington, TX 76010.

The Medical Records team will then set up a proxy account that will enable those you have authorized to view your medical information. There are also proxy forms available for parents/legal guardians to complete for proxy access to child MyChart accounts.

Lab Results

While you are admitted in the facility, standard test results will show in your MyChart account 24 hours from the time they are finalized. You will receive an email (text option coming soon) notifying you that you have a new result in your MyChart account. From the *Health* tab, click *Test Results*. Make sure the *Hospital Results* box is selected to see your hospital lab results.

Notice of Privacy Practices

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

Understanding Your Health Information

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

This Notice of Privacy Practices describes how Texas Health entities may use and disclose your information and the rights that you have regarding your health information. The Notice applies to all of Texas Health's health care Facilities (both inpatient and outpatient). It also applies to physicians and allied health professionals with staff privileges at Texas Health Facilities¹, for Facility-based episodes of care conducted in cooperation with Texas Health Facilities.

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

Your Health Information Rights

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

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

Our Responsibilities

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

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

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

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

Notice of Privacy Practices *(continued)*

Uses and Disclosures of Health Information Without Authorization

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

Your health information will be used for treatment:

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

Your health information will be used for payment:

For example: Health information about you may be disclosed so that services provided to you may be billed to an insurance 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 participates in electronic health exchanges and may share your health information as described in this Notice. Participation is voluntary. You will be given the opportunity to opt in to the electronic health information exchanges at the time of admission/registration.

Business Associates

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

Directory

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

Continuity of Care

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

Disclosures Requiring Verbal Agreement

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

Disclosures Required by Law or Otherwise Allowed Without Authorization or Notification

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

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

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

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

Breach Notification

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

Required Uses and Disclosures

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

Uses and Disclosures Requiring Authorization

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

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.

Notice of Privacy Practices *(continued)*

Privacy Contact

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

Effective Date

This notice became effective on April 14, 2003. Revised: March 26, 2018.

Privacy Officer Contacts

<input type="checkbox"/> Texas Health Arlington Memorial Hospital	877-847-7182
<input type="checkbox"/> Texas Health Behavioral Health Arlington	877-847-7633
<input type="checkbox"/> Texas Health Harris Methodist Hospital Alliance	877-847-7549
<input type="checkbox"/> Texas Health Harris Methodist Hospital Azle	877-847-7219
<input type="checkbox"/> Texas Health Harris Methodist Hospital Cleburne	877-847-3028
<input type="checkbox"/> Texas Health Harris Methodist Hospital Fort Worth	877-847-7229
<input type="checkbox"/> Texas Health Neighborhood Care & Wellness Burleson	
<input type="checkbox"/> Texas Health Neighborhood Care & Wellness Willow Park	
<input type="checkbox"/> Texas Health Harris Methodist Hospital Hurst-Euless-Bedford	877-847-7062
<input type="checkbox"/> Texas Health Springwood Behavioral Health Hurst-Euless-Bedford	877-847-7633
<input type="checkbox"/> Texas Health Harris Methodist Hospital Southwest Fort Worth	877-847-3032
<input type="checkbox"/> Texas Health Hospital Clearfork	877-847-3032
<input type="checkbox"/> Texas Health Harris Methodist Hospital Stephenville	877-847-2877
<input type="checkbox"/> Texas Health Heart & Vascular Hospital Arlington	855-562-0895
<input type="checkbox"/> Texas Health Medical Support	877-847-7182
<input type="checkbox"/> Texas Health Presbyterian Hospital Allen	877-847-7535
<input type="checkbox"/> Texas Health Behavioral Health Allen	877-847-7633
<input type="checkbox"/> Texas Health Presbyterian Hospital Dallas	877-847-7282
<input type="checkbox"/> Texas Health Behavioral Health Dallas	877-847-7633
<input type="checkbox"/> Texas Health Presbyterian Hospital Denton	877-847-7584
<input type="checkbox"/> Texas Health Presbyterian Hospital Kaufman	877-847-7371
<input type="checkbox"/> Texas Health Presbyterian Hospital Plano	877-847-7391
<input type="checkbox"/> Texas Health Neighborhood Care & Wellness Prosper	
<input type="checkbox"/> Texas Health Seay Behavioral Health Plano	877-847-7633
<input type="checkbox"/> Texas Health Recovery & Wellness Center	877-847-7633
<input type="checkbox"/> Texas Health Specialty Hospital Fort Worth	877-847-2839

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

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

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

7. **Medicaid patients only:** I understand that the services or goods that I request to be provided to me may not be covered under the Texas Medical Assistance Program as being reasonable and medically necessary for my care. I understand that the Texas Department of 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 Facility may perform tests, without my consent, on my blood or other bodily fluid to look for the presence of hepatitis B and C and HIV. I understand that such testing is needed to protect those who will be caring for me while I am a patient at the Facility. I understand that the results of tests taken under these circumstances are confidential and do not become a part of my Facility patient record.
10. **Obstetrics patients only:** This Admission Acknowledgment and 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 shall be valid during my present visit and future outpatient visits at the Facility until revoked by me or I sign a new Admission Acknowledgments and General Consent for Treatment form.

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 & Advance Directives

1. Protected Health Information

a. Notice of Privacy Practices: I acknowledge receipt of the Texas Health Resources Notice of Privacy Practices. ____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), and records related to mental health treatment and alcohol and substance abuse diagnosis or treatment, and I authorize release of that information as part of my medical record. I understand that the Facility must keep my medical records for a time required by law and then may dispose of them as permitted or required by law.

c. Consent for Health Information Exchange: I authorize the Texas Health Resources Facilities 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 (HIE) in which Facilities 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 Texas Health Facility or Texas Health Physicians Group for processing. This authorization will remain in effect indefinitely, unless I revoke it in writing. Obstetric patients only: I also give this authorization for any child(ren) born to me during this Facility stay.

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 health care 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 from the health information exchanges in which Facilities 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 Facility and room number, as described in the Texas Health Resources Notice of Privacy Practices, may be released to all who ask for me by name, unless I object by specifically asking to be a "No Information" patient as described below:

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

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

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

☐ Spouse _____
☐ Children _____
☐ Parent(s) _____

☐ Others _____
☐ None _____

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

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

I acknowledge that based on the information I have provided at this time about my insurance or other third-party coverage, this Facility ___ 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 Facility, may or may not be a participating provider with the same third-party payers as the Facility. For example, my admitting doctor, hospitalists, emergency room doctors, pathologists, radiologists, anesthesiologists, neonatologists and others, bill separately from the Facility and might not participate in the same health plans as this Facility. 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 THR financial assistance policy.

I understand I may ask for a list of Facility-based doctors who have been granted medical staff privileges to provide medical services at this Facility. I may request information from a Facility-based doctor(s) regarding whether he/she has a contract with my 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 Facility outpatients and emergency room patients only:

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

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

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

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

4. Patient rights and responsibilities:

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

5. 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 Facility until revoked by me or I sign a new Protected Health Information, Third-Party Payer Notice, Advance Directive document.

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 Directive* document.

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

Signature of patient or authorized representative

Relationship to patient

Date

Time

Witness

Title

Date

Time

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

Name

Phone number

Address

Language Services

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

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