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.
The Texas Health Recovery & Wellness Center welcomes you to the start of your recovery process. We are here to help you with your recovery, but this is your treatment and you will get out of it what you put into it.

Once you have been admitted, a staff member will introduce you to your unit and your room. We have a daily orientation group for all new clients to review guidelines and answer questions. Don’t worry if you have more questions—we are glad to answer them at any time.

During the first 48 hours, we want to make sure that you have time to adjust to the facility and develop a relationship with your clinical team and the staff. You will have access to the recreational amenities after this time period or when you and your treatment team are comfortable with your recovery.

Your counselor will give you homework assignments throughout your treatment. Please complete these as requested so that you can progress in your recovery. You should express any concerns you have about your ability to follow your treatment plan or care recommendations. We will make every effort to modify the plan to meet your specific needs.

Each week, you will meet with your counselor for an individual session. If a release is signed, the counselor will have contact with your family. We also encourage you to enable the significant others in your life to participate in this partnership by authorizing us, along with your counselor, to contact them and engage them in the treatment process.

There will be various groups for you to participate in each day. Every morning, there will be a community group to set goals for the day and to address any issues that may be with the unit. A wrap-up group will be held each evening.

Your attendance and participation in all groups is important. We are here to help you learn new skills for your recovery and to help you make changes in your life. Change can be hard and it takes time—but by taking one step at a time, anything is possible. We understand that difficult emotions may emerge and we want to help you learn how to handle and work through them. We want you to be successful and we will walk beside you—but you are in charge of the changes you want to make in your life.

Please let us know if you have any questions or concerns at any time during your treatment. We are here to support you in your recovery.

Client Guidelines and Expectations

These guidelines are in place for the safety and well-being of all clients and staff. Please be aware that failure to adhere to the guidelines may result in the loss of privileges and/or possible discharge. We are here to help you in your recovery and to assist you in being successful in treatment.

Community Guidelines

- There should be no use or possession of alcohol, illegal drugs and/or mood-altering substances.
- We do not allow gambling of any kind.
- During the day, you need to be out of bed and participating, unless approved by staff.
- Please keep what is said during group sessions within the group; confidentiality is important.
- Random drug and alcohol tests will be required.
- Please do not give cigarettes or contraband to the other clients.
- There should be no acts of violence or threats of violence toward anyone, including abusive language.
- Group attendance and participation is an important and necessary part of your recovery.
- Any sexual conduct with peers or visitors is not permitted.
- We do not allow any weapons on the premises.
- Please keep living areas clean; furniture and decorations are not to be moved.
- Clients can only change bedrooms if approved by a counselor or administration.
- No personal pets are permitted on the property.
- Any personal property left after discharge will be discarded after 24 hours. Texas Health Recovery & Wellness Center is not responsible for items left at the facility.
Facility Amenities

The facility amenities are available at scheduled times for clients to enjoy and are included in the cost of the program. The one exception to this is massage services. Therapeutic massages are available by appointment and you will be charged an hourly rate for these services.

Amenities Card

Upon admission, you will be given an amenities card. You may add money to the card for gift shop purchases and massage services. Please be aware that the amount on the card is non-refundable and non-transferable. If you lose your card, we are not responsible for replacing it or the funds lost. You are responsible for your card and the balance on the card.

Personal Belongings Searches

Upon entry into Texas Health Recovery & Wellness Center, your personal belongings will be searched and inventoried, and thereafter, we reserve the right to search any and all personal belongings. Any refusal of this request may be considered grounds for immediate discharge.

Confidentiality

This is a very important part of your recovery and the group experience. Please be aware that what is discussed with each client is between the staff and clients. Also, what is said during group sessions remains in the group. Clients have the right to maintain privacy for their safety. All staff must maintain client privacy. The only exception is “Duty to Warn” (if a client or other people are in clear, imminent danger to themselves or others).

Theft

Any theft from Texas Health Recovery & Wellness Center by clients will result in immediate discharge and may lead to legal action if appropriate.

Transportation and Passes

Texas Health Recovery & Wellness Center does not assist with transportation unless deemed necessary by the administration staff. We also do not allow passes. Please make arrangements for any appointments, pharmacy needs, etc., to be handled prior to treatment or once you have been discharged from the program.

Self-Control and Mutual Respect

All clients are expected to display maturity, self-control and respect for each other and to the staff. We do not allow clients in each other's rooms; respect for physical space and/or personal space will be enforced. Any sort of romantic relationship between clients or staff and sexually acting out are strictly prohibited and may result in immediate discharge.

Abuse, Neglect and/or Exploitation

Verbal, sexual and/or physical abuse, including threats of a verbal, sexual or physical nature that are perceived or real between clients or between a client and staff are prohibited and should be immediately reported to administration. It is your responsibility to report any and all abuse to staff. Violence or threats of violence will be subject to immediate removal from the facility.

Visitation

Weekly visitation is available at Texas Health Recovery & Wellness Center (see schedule for days and times). Visitors are limited to close family members, the primary support person and sponsors. All visitors may be asked to leave if any problems arise during the visit. Visitors are not permitted on the property if they are suspected to be under the influence of drugs or alcohol. Visitation may be restricted on an individual basis by your physician or administration if it is necessary for your treatment or for security. Visitors will need to remain in the assigned visitation area. Your visitation list will be reviewed weekly during your individual session with your counselor. Former clients may not visit current clients unless approved by the counselor.

Valuables

You are responsible for any money, jewelry, snacks, etc., that you choose to keep with you; the facility is not responsible for lost or stolen items. We recommend that you keep money on your amenities card to use during your stay. If you are suspected of stealing, administration will investigate to determine if your dismissal is necessary. We strongly discourage sharing, borrowing or lending things that are important to you, for your sake and that of the other clients.

Personal Items/Hygiene

You will be expected to supply your own personal toiletries. Personal cleanliness and grooming are necessary for your health and well-being. The onsite gift shop carries necessary hygiene supplies that are available for purchase should you need them.

Telephone Use and Other Electronic Devices

All personal telephone calls will be limited and only at posted phone times. For your recovery, counselors can restrict phone calls if they determine that, therapeutically, this is the best decision for you. All emergency/medical calls must be placed in the presence of staff. No cell phones, iPods and/or laptops are allowed while in treatment. If you need computer access, please arrange a mutually agreed upon time with your counselor.

Mail

All packages and mail brought into the facility will be checked at the nurses' station prior to distributing these items to you.
**Medicines**

All medicines will be placed at the nurses’ station. Personal, over-the-counter medicines are not permitted in your room or in your personal possession. To avoid running out of your medicines, make sure that refills are called in at least five days in advance of the last dose. You will be assisted, as needed, to maintain your prescriptions and refills, but it is ultimately your responsibility. All medicines must be taken as prescribed; you may not discontinue a medicine unless you have a written doctor’s order. Sharing medicines with other clients is grounds for immediate discharge. You are responsible for the correct administration of your own medicines and information about the medicines that you are taking should not be discussed with other clients.

All medicines that have been discontinued by the physician, including home medicines, will be destroyed per facility protocol and cannot be returned.

**Smoking**

Texas Health Recovery & Wellness Center allows smoking only in designated areas. Smoking is not permitted in the units, swimming pool area or in any other area on the premises that is not designated. There are scheduled outdoor times and smoking is allowed only during these times. Cigarettes and lighters will be kept at the nurses’ station during non-scheduled outdoor time. Please dispose of butts in the appropriate place and not on the ground. Electronic cigarettes are not allowed within the facility.

**Therapy/Meetings/Classes**

Therapy is an important part of your treatment and you are expected to attend all sessions with your counselor. Scheduled classes and meetings are mandatory and any absence must be approved by your counselor and/or clinical director. You are expected to be in groups and scheduled activities on time and prepared. Eating is not allowed during class time. Following these guidelines is necessary to be eligible for extended privileges and to comply with your plan of treatment.

**Guidelines for Groups:**

- Do not rescue other group members.
- What is said in group, stays in group.
- Please do not interrupt others.
- When giving feedback, talk in “I” statements so that you talk about what you did or felt.
- When receiving feedback, acknowledge it and know that it is okay not to reply.
- Do not analyze or criticize what others say.
- Do not give advice or try to solve the problems of others.
- Abusive comments, name-calling or threatening language and/or gestures are not permitted.

**Discharge Planning**

Discharge planning will be ongoing between you and your counselor. This includes obtaining outpatient providers and identifying support for your recovery. Prior to discharge, you will need to provide yourself time to clean your room. The following tasks will also need to be completed prior to leaving the facility:

- Remove sheets, pillow cases, blankets and the bedspread from your bed. Turn in any additional items that were issued to you upon admission to the nurses’ station prior to completing your discharge materials.
- Remove all personal items, clean the closet, wipe down shelves and clean your side of the bathroom countertop.
- Complete the inventory of your belongings with staff.

**Notice of your decision to leave treatment prior to completing the program must be submitted in writing to your counselor, indicating the date you intend to leave along with a forwarding address. If you choose to leave against medical advice (AMA), please allow time to complete the necessary forms at that time.**
Daily Living Responsibilities:

- The daily schedules are posted for all clients and staff to follow. You will be expected to adhere to your particular schedule.
- The kitchen will be closed and locked outside of meal times. No food is allowed in client bedrooms. Food on the unit is permitted only in day room areas and all trash must be thrown away. Snacks will be available or you can purchase them in the gift shop. No outside food is permitted and all meals are to be eaten in the cafeteria.
- Laundry facilities are available on each unit. If you run out of laundry supplies, these items are available for purchase in the gift shop. Please be mindful of others and promptly remove your items from washers/dryers as soon as possible. Please do not wash items that are provided to you from the facility, as we have a service that handles the cleaning of sheets, towels and other linens. Please see a staff member when you need fresh linens.
- Television and phone times will be posted on the schedule and must be followed. During free time and after completion of programs, it is up to the discretion of the recovery specialists to monitor what is being viewed on the television. All movies viewed by clients are at the discretion of administration and deemed appropriate.
- Lights out times will be listed on the daily schedule and followed. It is your responsibility to complete all personal grooming, studying, etc. prior to lights out. Thirty minutes before lights out, all clients will be asked to retire to their rooms and complete any last-minute things.
- The dress code is strictly enforced. All clients must be dressed in appropriate attire at all times and clothing must fit appropriately. No nightgowns, pajamas or sleeping shorts are allowed outside of the bedroom. Shoes and shirts must be worn outside of your bedroom. Shorts, skirts and dresses must be fingertip length; no camisoles, spaghetti straps, split sides or tube tops. Shirts and blouses must fully cover the stomach and back. Attire that promotes or depicts sex, drugs, alcohol or violence is prohibited. Only one-piece bathing suits for women and swim trunks for men are permitted at the pool. These rules apply to the yoga studio, basketball area, gym and other amenities. Staff will evaluate clothing for appropriateness and will address as needed.
- Common areas are for your use outside of program time. Please refrain from laying down or sleeping in the chairs; no pillows or blankets are allowed outside of your bedroom.
- You will be awakened daily at the scheduled time (please see your unit schedule for specific times). You are expected to be dressed and ready prior to the first group session of the day.
- You will be assigned a bedroom upon admission. Please do not move beds or change rooms without the approval of your counselor or administration. You are responsible for keeping your room clean and the bed made. This is monitored daily by the leader and staff.
- All sharp items, glass objects, aluminum cans, razors, cologne, aerosols, mouthwash or any product containing alcohol will be locked up. Please ask a staff member when you would like to use cologne, mouthwash or razors.
Client Rights and Responsibilities

Texas Health facilities (or “Facility”), shall respect, protect, implement and enforce each client right required to be contained in the Facility’s Client Bill of Rights. The Client Bill of Rights includes:

- You have the right to accept or refuse treatment after receiving this explanation.
- If you agree to treatment or medication, you have the right to change your mind at any time (unless specifically restricted by law).
- You have the right to a humane environment that provides reasonable protection from harm and appropriate privacy for your personal needs.
- You have the right to be free from abuse, neglect and exploitation.
- You have the right to be treated with dignity and respect.
- You have the right to appropriate treatment in the least restrictive setting available that meets your needs.
- You have the right to be told about the program’s rules and regulations before you are admitted, including, without limitation, the rules and policies related to restraints and seclusion. Your legally authorized representative, if any, also has the right to be and shall be notified of the rules and policies related to restraints and seclusion.
- You have the right to be told before admission:
  - the condition to be treated;
  - the proposed treatment;
  - the risks, benefits and side effects of all proposed treatment and medication;
  - the probable health and mental health consequences of refusing treatment;
  - other treatments that are available and which ones, if any, might be appropriate for you; and
  - the expected length of stay.
- You have the right to a treatment plan designed to meet your needs, and you have the right to take part in developing that plan.
- You have the right to meet with staff to review and update the plan on a regular basis.
- You have the right to refuse to take part in research without affecting your regular care.
- You have the right not to receive unnecessary or excessive medication.

For residential sites:

- You have the right to have information about you kept private and to be told about the times when the information can be released without your permission.
- You have the right to be told in advance of all estimated charges and any limitations on the length of services of which the facility is aware.
- You have the right to receive an explanation of your treatment or your rights if you have questions while you are in treatment.
- You have the right to make a complaint and receive a fair response from the Facility within a reasonable amount of time.
- You have the right to complain directly to the Texas Commission on Alcohol and Drug Abuse at any reasonable time.
- You have the right to get a copy of these rights before you are admitted, including the address and phone number of the Texas Commission on Alcohol and Drug Abuse.
- You have the right to have your rights explained to you in simple terms, in a way you can understand, within 24 hours of being admitted.

- You have the right not to be restrained or placed in a locked room by yourself unless you are a danger to yourself or others.
- You have the right to communicate with people outside the Facility. This includes the right to have visitors, to make telephone calls and to send and receive sealed mail. This right may be restricted on an individual basis by your physician or the person in charge of the program if it is necessary for your treatment or for security, but even then you may contact an attorney or the Texas Commission on Alcohol and Drug Abuse at any reasonable time.
- If you consented to treatment, you have the right to leave the Facility within four hours of requesting release unless a physician determines that you pose a threat of harm to yourself and others.
- If a client’s right to free communication is restricted under the provisions of subsection (b)(2) of this section, the physician or program director shall document the clinical reasons for the restriction and the duration of the restriction in the client record. The physician or program director shall also inform the client, and, if appropriate, the client’s consenter of the clinical reasons for the restriction and the duration of the restriction.
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 in this guide to file a complaint.

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

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

You can file a complaint of discrimination electronically through the Office for Civil Rights Complaint Portal, which is available at: 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 or 800-537-7697 (TDD)

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

Texas Health Recovery & Wellness Center aims to protect your rights while following all requirements of the licensing board. If you have a complaint, you may speak to a Texas Health Recovery & Wellness staff member and the appropriate staff member will attempt to resolve your complaint.

We respect your right to file a complaint or written grievance. There will be no retaliation in any form from Texas Health Recovery & Wellness Center staff members if you decide to file a grievance.

You have the right to file a grievance or complaint with the Department of State Health Services, using the contact information below. We will provide pens, paper, envelopes, postage and access to a telephone upon request to file a complaint. If you need help to complete the written grievance, we will assist you.

We will make every effort to resolve your complaint or grievance in a fair and equitable manner, and each one will be investigated and resolved promptly in accordance with the Department of State Health Services.

We will provide you a written report of the investigation and initial disposition regarding your compliant within seven days.

Your Right to Make a Complaint

You have the right to make a complaint and to be told how to contact people who can help you, using the contact information listed below.

Texas Department of State Health Services
Health Facility Licensing and Compliance Division

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

Email: hfc.complaints@dshs.texas.gov
Website: dshs.texas.gov/facilities/complaints.aspx
Address: Health Facility Compliance Group (MC1979)
Texas Department of State Health Services
P. O. Box 149347
Austin, TX 78714-9347
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
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.

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 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.

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 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.
Texas Health offers language assistance services to you at no cost.

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

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.

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.

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.

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

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

**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.

**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.

**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: HIMSRQI@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.
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 Facilities, for Facility-based episodes of care conducted in cooperation with Texas Health Facilities.

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

Your Health Information Rights

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

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

Our Responsibilities

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

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

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

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

To request copies of your medical records, please contact our Release of Information Department.
Phone: 855-681-8243  |  Email: HIMSROI@TexasHealth.org  |  Address: 500 E. Border St., Suite 700, Arlington, TX 76010
Disclosures Required by Law or Otherwise Allowed Without Authorization or Notification

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

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

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

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

Breach Notification

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

Required Uses and Disclosures

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

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 applicable privacy officer contact listed below.

Effective Date
This notice became effective on April 14, 2003. Revised: October 25, 2018.

Privacy Officer Contacts
- Texas Health Arlington Memorial Hospital 877-847-7182
- Texas Health Behavioral Health Arlington 877-847-7633
- Texas Health Harris Methodist Hospital Alliance 877-847-7549
- Texas Health Harris Methodist Hospital Azle 877-847-7219
- Texas Health Harris Methodist Hospital Cleburne 877-847-3028
- Texas Health Harris Methodist Hospital Fort Worth 877-847-7229
  - Texas Health Neighborhood Care & Wellness Burleson
  - Texas Health Neighborhood Care & Wellness Willow Park
- Texas Health Harris Methodist Hospital Hurst-Euless-Bedford 877-847-7062
- Texas Health Springwood Behavioral Health Hurst-Euless-Bedford 877-847-7633
- Texas Health Harris Methodist Hospital Southwest Fort Worth 877-847-3032
  - Texas Health Hospital Clearfork 877-847-3032
- Texas Health Harris Methodist Hospital Stephenville 877-847-2877
- Texas Health Medical Support 877-847-7182
- Texas Health Presbyterian Hospital Allen 877-847-7535
- Texas Health Presbyterian Hospital Dallas 877-847-7282
  - Texas Health Behavioral Health Dallas 877-847-7633
- Texas Health Presbyterian Hospital Denton 877-847-7584
- Texas Health Presbyterian Hospital Kaufman 877-847-7371
- Texas Health Presbyterian Hospital Plano 877-847-7391
  - Texas Health Neighborhood Care & Wellness Prosper
  - Texas Health Seay Behavioral Health Plano 877-847-7633
- Texas Health Recovery & Wellness Center 877-847-7633
- Texas Health Specialty Hospital Fort Worth 877-847-2839
Privacy Protection for Substance Use Disorder Information

When you obtain services from a Texas Health substance use disorder program, certain uses and disclosures of your substance use disorder information are necessary and permitted by law in order to treat you, and to support the operations of the program and other involved providers.

The confidentiality of substance use disorder patient records maintained by Texas Health is mandated by state and federal laws and regulations. Generally, the program may not acknowledge to a person outside a program that an individual attends a substance use disorder program or disclose any information identifying a patient as having a substance use disorder unless the request meets one of the following exceptions:

- With your written consent; or
- The disclosure is required by a court order; or
- The disclosure is made to medical personnel in a medical emergency due to the inability to obtain informed consent; or
- Disclosure is used for health oversight activities, such as audits, inspections, program evaluation, or licensure investigations; or
- Information is used for approved research and guidelines are established to provide for the privacy of your health information; or
- Information about a crime committed by an individual either at a program or against any person who works for a program or about any threat to commit such a crime; or
- Information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

Violations

Privacy violation of the federal law and regulations by a program is a crime. Suspected violation may be reported to appropriate authorities in accordance with federal regulations.

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 guide, or the U.S Attorney’s Office, Department of Justice. There will be no retaliation for registering a complaint. If you choose to file a complaint with the United States Attorney, send a letter to: United States Attorney’s Office, 1100 Commerce St., 3rd Floor, Dallas, TX 75242.

1 42 U.S.C 290dd-2 and 42 CFR Part 2
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 provided to me during this admission. I further understand that the Facility, as a courtesy to me, may bill my insurance company, 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.

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.

<table>
<thead>
<tr>
<th>Signature of patient or authorized representative</th>
<th>Relationship to patient</th>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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Witness

<table>
<thead>
<tr>
<th>Title</th>
<th>Date</th>
<th>Time</th>
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If the person signing this form is not the patient, please list full name, phone number and address:

Name

Phone number

Address
Consent to Treatment

- I understand my specific condition to be treated at Texas Health Recovery & Wellness Center’s treatment program is chemical dependency, and I understand the program’s services and treatment process.
- I understand any generally accepted alternatives and whether an alternative might be appropriate. I understand the recommended course of treatment and the benefits to treatment.
- I understand the probable health and mental health consequences of not consenting to treatment along with the side effects and risk associate with treatment.
- I have been given a copy of the Client Bill of Rights, a copy of the Client Grievances Process, a folder that includes a copy of the program schedule, the facility Client Guidelines Process and the Client Guide that includes rules regarding visits, telephone calls, mail and gifts as applicable. Phone times and visitation times are outlined in the program schedule.
- I understand violation of program rules can lead to program disciplinary action or discharge.
- The estimated daily charges have been explained to me and I understand that this charge excludes any charges that may be billed separately.
- I give voluntary consent, both verbally and in writing, to treatment at Texas Health Recovery & Wellness Center. I understand that family involvement is encouraged and can be facilitated with my primary counselor.
- I understand the qualifications of the staff that may provide the treatment are LPC, LPC-Intern, LCDCs, LMSW, MD, DO, LCSW and RN.
- The name of my primary counselor is ________________________________.
- This information has been explained to me the Client/Consenter in simple non-technical terms.
- I understand that this is a restraint- and seclusion-free facility and that these techniques are not used.

Note: If an emergency or the client’s physical or mental condition prevents the explanation of the terms of this form from being given or understood by the Client within 24 hours, staff shall document the circumstances in the client’s record and present the explanation as soon as possible. Documentation of the explanation shall be dated and signed by the Client/Consenter and the staff providing explanation.

Consents and Releases

Service to Families

Texas Health Recovery & Wellness Center believes families of our clients are a very important part of treatment. For this reason, we provide a variety of services to families. The patient schedule lists family groups, which are available at various times throughout treatment.

The facility staff and/or my physician have my permission to contact my family or significant other as named below to obtain a social history, if my physician requests, for orientation to program services and to assist in coordination of the discharge plan.

General Recreational Activity

I, the undersigned, wish to participate in and pursue general recreation activities, as allowed, while I am in treatment at Texas Health Recovery & Wellness Center. I hereby represent that I am participating in these recreational activities voluntarily and of my own volition, and further that I am under no pressure to participate therein.

Therefore, I and/or my parent/managing conservator/guardian hereby willingly and consciously waive and release Texas Health Recovery & Wellness Center, its employees, officers and agents, and physicians associated with Texas Health Recovery & Wellness Center from and against any and all claims, costs, liabilities, judgments or expenses, including attorney’s fees and court costs arising out of or precipitated by my participation in recreational activities while I am in treatment at Texas Health Recovery & Wellness Center.

I also release and agree to hold harmless Texas Health Recovery & Wellness Center, its employees, officers and agents, and associated physicians from untoward results of any illness or injury resulting from my participation in such recreational activities. Furthermore, I hereby agree to indemnify and hold harmless Texas Health Recovery & Wellness Center, its employees, officers and agents and associated physicians against any and all claims except those resulting from gross negligence or willful misconduct thereby, that may arise from such recreational activities.

Consent to Photograph, Camera & Audio

I, the undersigned, consent for Texas Health Recovery & Wellness Center to photograph me for the purpose of identification only. I further understand that the photographs are not to be released, except with my consent or pursuant to law. Photographs are the property of Texas Health Recovery & Wellness Center and are destroyed at the time of client discharge. Further, Texas Health Recovery & Wellness Center staff may monitor me by camera and/or audio equipment for safety purposes.
Referrals to Outside Agencies/Providers
Texas Health Resources, and its affiliates, do not endorse or monitor these resources nor do they guarantee the quality of services provided by the resources.

Personal Belongings and Medicine from Home
I understand that the facility is not responsible for my belongings. If I leave anything, including medicine, at the facility after discharge, I understand that it will be destroyed within 24 hours.

Smoking Waiver
Smoking has been determined by the Surgeon General to be hazardous to health. I am aware of the risks and hazards of smoking and assume sole responsibility for those risks and hazards to my health.

I understand that my doctor can advise me about smoking cessation. Also, I am aware of smoking cessation classes and/or programs, including the American Lung Association: 800-586-4872 (lung.org) and the American Cancer Society: 800-227-2345 (cancer.org).

Infectious Diseases
The U.S. Centers for Disease Control & Prevention has listed risk factors for transmission of hepatitis C. Hepatitis C is a virus that can cause chronic diseases of the liver, including scarring (cirrhosis) and liver cancer, both of which can result in death. These risk factors may also apply to AIDS/HIC and other contagious diseases. I understand that if any of these factors applies to me, I need to see my primary care doctor and/or a public clinic for testing and followup. Two of the high-risk factors are injection of illegal drugs even one time and exposure to another person’s blood, including by sexual contact.

My doctor can advise me about other factors. Texas Health Recovery & Wellness Center does not provide diagnostic testing except as part of medical emergencies that arise during psychiatric or addiction treatment, and is not responsible for testing me. I understand and will follow up as an outpatient if I’m concerned and if any of the risk factors apply to me.

Client Bill of Rights
I, the undersigned, have read, received a copy and had the Client Bill of Rights explained to me and I understand the Client Bill of Rights.

Client Grievance
I, the undersigned, have read, received a copy of the grievance process and had the process explained to me and I understand this process.

Client Guide
I, the undersigned, have received a copy of the Texas Health Recovery & Wellness Center’s Client Guide and agree to read it and abide by these rules, regulations and policies.
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 (HIE): 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 _____________________________        □ Others _____________________________
   □ Children ______________________________        □ None
   □ Parent(s) _______________________________        □ 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 to Patients, Advance Directive document.

Acknowledgment:

I, the undersigned, certify that I have read and fully understand the information in this Protected Health Information, Third-Party 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 list full name, phone number and address:

Name

Phone number

Address
Texas Health Behavioral Health offers a full continuum of care in convenient locations throughout the Dallas/Fort Worth Metroplex. These locations offer you a variety of services as you transition through levels of care.

**Texas Health Behavioral Health Helpline: 682-236-6023**

This number is answered 24 hours per day, every day. Please call this number for all of your behavioral health needs, including information about all of the locations that offer services.

Visit [TexasHealth.org/Behavioral-Health](https://www.TexasHealth.org/Behavioral-Health) to see a map of all locations.

**Hospital Campus Locations**

- **Texas Health Behavioral Health Arlington**
  800 W. Randol Mill Road
  Arlington, TX 76012

- **Texas Health Behavioral Health Dallas**
  8200 Walnut Hill Lane
  Dallas, TX 75231

- **Texas Health Seay Behavioral Health Plano**
  6110 W. Parker Road
  Plano, TX 75093

- **Texas Health Springwood Behavioral Health**
  Hurst-Euless-Bedford
  2717 Tibbets Drive
  Bedford, TX 76022

**Drug and Alcohol Residential Treatment**

- **Texas Health Recovery & Wellness Center**
  240 N. Miller Road
  Mansfield, TX 76063

**Counseling Centers**

- **Texas Health Behavioral Health Center Allen**
  915 W. Exchange Parkway, Suite 150
  Allen, TX 75013

- **Texas Health Behavioral Health Center Alliance**
  2421 Westport Parkway, Suite 500
  Fort Worth, TX 76177

- **Texas Health Behavioral Health Center Arlington**
  1001 N. Waldrop Drive, Suite 510
  Arlington, TX 76012

- **Texas Health Behavioral Health Center Flower Mound**
  1011 Surrey Lane, Suite 103
  Flower Mound, TX 75022

- **Texas Health Behavioral Health Center Frisco**
  5858 Main St., Suite 200
  Frisco, TX 75034

- **Texas Health Behavioral Health Center Glen Lakes**
  8140 Walnut Hill Lane, Suite 204
  Dallas, TX 75231

- **Texas Health Behavioral Health Center Prosper**
  1970 W. University Drive, Suite 201
  Prosper, TX 75078

- **Texas Health Behavioral Health Center Richardson**
  3661 N. Plano Road, Suite 2100
  Richardson, TX 75082

- **Texas Health Behavioral Health Center Rockwall**
  890 Rockwall Parkway, Suite 115
  Rockwall, TX 75032

- **Texas Health Behavioral Health Center Southlake**
  3100 W. Southlake Blvd., Suite 120
  Southlake, TX 76092

- **Texas Health Behavioral Health Center Southwest Fort Worth**
  7213 Red Hawk Court
  Fort Worth, TX 76132

- **Texas Health Behavioral Health Center Uptown Dallas**
  2929 Carlisle St., Suite 300
  Dallas, TX 75204

- **Texas Health Behavioral Health Center Willow Park**
  101 Crown Pointe Blvd., Suite 320
  Willow Park, TX 76087