Your Provider is a HealthTexas Physician

HEALTHTEXAS
PROVIDER NETWORK
Affiliated with Baylor Health Care System

HealthTexas Provider Network is the 2nd largest subsidiary of Baylor Health Care System. We are a large network of close to 800 providers serving patients in almost 200 care sites throughout North Texas and Fort Worth who are dedicated to providing you with outstanding quality and service when it comes to caring for your medical needs.

Having your healthcare needs overseen by a HealthTexas physician means that your care is coordinated across our network and the Baylor Health Care System.

As long as you are seeing a HealthTexas primary or specialty care physician, we will have your completed registration packet and medical record securely stored in our Electronic Health Record system giving any HealthTexas physician access to the information they need to provide you and your family with the best care possible.

Benefits of Belonging to HealthTexas Provider Network:

- **One Time Form Completion**
  The registration forms you are filling out today will only have to be **filled out once.** (Some additional patient information may need to be updated annually)
- **Electronic Health Record (EHR) system**
  The EHR stores your medical records (including any medications, allergies or health issues you may have) and allows physicians easy access to referrals, consultations, and patient education materials.
- **Improved Coordinated Care**
  Our primary care sites are recognized by the National Committee for Quality Assurance (NCQA) as Physician Connections-Patient-Centered Medical Homes (PPC-PCMH) allowing our physicians to coordinate your care seamlessly across our network of specialists, labs, and hospitals in accordance with your specific needs.

We appreciate your trust in us and thank you for choosing a HealthTexas physician to meet and monitor your healthcare needs. You can now find a HealthTexas physician with the touch of a button. Download your HealthTexas physician finder app, free from the App store on your iPhone. You can also check **www.healthtexasdoctors.com**.

Patient-Centered Medical Home NCQA RECOGNIZED PRACTICE

Primary Care

Ave F. Family Health Center
Baylor Community Care at Fort Worth
Baylor Community Care at Garland
Baylor Community Care at Irving
Baylor Community Care at Worth Street
Baylor Elder Housecalls
Baylor Family Health Center at Cityview
Baylor Family Health Center at Mesquite
Baylor Family Health Center at Richardson
Baylor Family Medical Center at Grapevine
Baylor Family Medical Center at Midlothian
Baylor Family Medical Center at Red Oak
Baylor Family Medical Center at Riverside
Baylor Family Medical Center at Rockwall
Baylor Family Medical Center at Waxahachie
Baylor Family Medicine at Cedar Hill
Baylor Family Medicine at Coppell
Baylor Family Medicine at Ennis
Baylor Family Medicine at Flower Mound
Baylor Family Medicine at Fort Worth
Baylor Family Medicine at Frankford & Josey
Baylor Family Medicine at Frisco
Baylor Family Medicine at Garland
Baylor Family Medicine at Highland Village
Baylor Family Medicine at Keller
Baylor Family Medicine at Lake Ridge
Baylor Family Medicine at Lakewood
Baylor Family Medicine at McKinney
Baylor Family Medicine at Plano
Baylor Family Medicine at Prosper
Baylor Family Medicine at Roanoke
Baylor Family Medicine at Southwest Fort Worth
Baylor Family Medicine at Stonebridge
Baylor Family Medicine at Uptown
Baylor Family Medicine at Weatherford
Baylor Family Medicine at Worth Street
Baylor Family Medicine at Wylie
Baylor Internal Medicine Associates at Fort Worth
Baylor Internal Medicine Associates at Heritage
Baylor Internal Medicine Associates at McKinney
Baylor Occupational & Family Health Center at TI
Baylor Pediatric Center
Baylor Senior Health Center - Fairpark
Baylor Senior Health Center - Garland
Baylor Senior Health Center - Geriatrics Center
Baylor Senior Health Center - Mesquite
Christ's Family Clinic
CitySquare
Colleyville Family Medicine
Dallas Diagnostic Association - Garland, Park Cities, Plano
Diabetes Health & Wellness Institute Family Health Center at the Juanita J. Craft Recreation Center
Family Medical Center at Baylor
Family Medical Center at Garland
Family Medical Center at North Garland
Family Medical Center at Terrell
Heritage Internal Medicine
Hope Clinic
Internal Medicine Associates at Fort Worth
Internal Medicine Associates of Irving
Internal Medicine Associates of Southwest Fort Worth
Irving Coppell Internal Medicine
Irving Interfaith
MedProvider
NTHCA - Family Medicine
NTHCA - Internal Medicine at Irving/Coppell
NTHCA - Pediatrics
Pediatric and Adolescent Associates of Garland
Signature Medicine
Southlake Family Medicine

Specialty Care

Advanced Vein Clinic of North Texas
Alliance Neurology
Bariatric and General Surgery of DFW
Baylor Endocrine Center
Baylor Neurosurgery Associates
Baylor Specialty Associates of Fort Worth
Baylor Transplant Services
Breast Care Specialists of Texas
C. Richard Boland, M.D.
Cardiac Surgery at Baylor University Medical Center at Dallas
Cardiac Surgery Specialists
Cardiology Consultants of Texas
Cardiovascular Consultants of North Texas
Cardiovascular Surgical Specialists
Colon and Rectal Surgical Associates at BUMC at Dallas
Comprehensive Headache Center
Cottonwood Cardiology
Dallas Diagnostic Association
Dallas Intensivists
Dermatology Specialists of McKinney
Endocrinology Specialists of Dallas
Endocrinology Specialists of McKinney
ENT Consultants of North Texas
Garland OB/Gyn Associates
Grapevine Cardiology
Grapevine Vein Clinic
Headache Medicine Specialists of North Texas
Hip Preservation Center at BUMC at Dallas
Inpatient Care Unit at Baylor Medical Center Garland
Legacy Heart Center
Liver Consultants of Texas (Dallas/Fort Worth)
McKinney Inpatient Care Unit
MedProvider Inpatient Care Unit
Metroplex Surgical Specialists
Modern Dermatology
Multiple Sclerosis Treatment Center of Dallas
Neurology Associates of Dallas
Neurology Associates of Grapevine
Neurology Hospitalist Group
Neurometabolic Consultants
Neuro-Oncology Associates
Neurovascular Associates of Texas
North Hills Vascular
North Texas Orthopaedic Specialists
NTHCA - Endocrinology
NTHCA - Inpatient Care Unit
Orthopaedic Consultants of North Texas
Orthopaedic Trauma Associates of North Texas
Orthopedic Associates of Dallas
Park Lane Endocrinology
Park Lane OB/GYN Associates
Physiatric Medicine Associates
Plano - Inpatient Care Unit
Pulmonary and Critical Care Associates of Garland
Radiosurgery Specialists
Randall Rosenblatt M.D.
Romero Neurology
Spine Surgery Center at BUMC at Dallas
Sports Physicians Orthopaedic & Rehabilitation of Texas, (S.P.O.R.T.)
Supportive & Palliative Care
Surgical and Bariatric Consultants of DFW
Surgical Institute
Surgical Oncology Specialists
Texas Digestive Health Consultants
Texas Surgical Specialists
Texas Urogynecology Associates
The Cancer Institute of Dallas
The Heart Group
The Shoulder Center at BUMC at Dallas
Transplant Nephrology Clinic
Waxahachie Inpatient Care Unit

HEALTHTEXAS
PROVIDER NETWORK
Affiliated with Baylor Health Care System

New Patient Registration Form

Acct #

HEALTHTEXAS PROVIDER NETWORK
Affiliated with Baylor Health Care System

Patient Information

Patient Last Name	First Name	Middle Name	Maiden Name
Doe	John	Superman	

Address (Street or Box)	City	State	Zip
1234 A Street	Some City	CA	90111

Home Phone #	Work Phone #	Cell Phone #
(650) 123-2323		

Sex (check one)	Date of Birth	Age	Social Security #	Driver's License #
■ Male ☐ Female	01-06-03		002-07-5308	B1234592

Marital Status (check one)	Spouse's Name (If Applicable)
■ Single ☐ Married ☐ Divorced ☐ Widowed	

Employer Name	Employer Address

Primary Care Physician Name	Phone #	Referring Physician Name	Phone #

How did you hear about the physician you are seeing today?

☐ Baylor Referral Line ☐ Community Event Referral ☐ Direct Mail ☐ ER ☐ Established Patient
☐ Family/Friend ☐ Hospital ☐ Insurance ☐ Internet/Website ☐ Location/Drive By ☐ Newspaper
☐ Unknown ☐ Physician Referral ☐ Radio/TV ☐ Yellow Pages

Responsible Party

Complete this section only if the patient is a minor

Responsible Party Last Name	First Name	Middle Name	Maiden Name
Smith	Mary		

Address (Street or Box)	City	State	Zip
1234 A Street	Some City	CA	90111

Home Phone #	Work Phone #	Cell Phone #
(650) 123-2323	(408) 562-2845	(415) 691-1927

Sex (check one)	Date of Birth	Age	Social Security #	Driver's License #
☐ Male ■ Female	06-10-78		541-62-1499	G5192834

Insurance & Subscriber Information

Primary Insurance Company	Effective Date	**Secondary** Insurance Company	Effective Date
Insurance Company 1		Insurance Company 2	

Claims Mailing Address (Street or Box)	Claims Mailing Address (Street or Box)
1234 A Street	1234 A Street

City	State	Zip	City	State	Zip
Some City	CA	90111	Some City	CA	90111

Policy ID Number	Group ID Number	Policy ID Number	Group ID Number
66320A	GP3958	P5192	12587729957

Subscriber Name (policy holder)	Date of Birth	Subscriber Name (policy holder)	Date of Birth
Mary Smith	06-10-78	Mary Smith	06-10-78

Subscriber Social Security #	Relationship to Patient	Subscriber Social Security #	Relationship to Patient
541-62-1499		541-62-1499	

Subscriber Employer	Work Phone #	Subscriber Employer	Work Phone #
Company A	(408) 562-2845	Company A	(408) 562-2845

Subscriber Employer Address (Street or Box)	Subscriber Employer Address (Street or Box)
889 B Street	889 B Street

City	State	Zip	City	State	Zip
Some City	CA	90112	Some City	CA	90112

Signature of Patient, Parent, or Legal Guardian **Date**

Consent to Treat & Financial Responsibility

Acct #

HEALTHTEXAS PROVIDER NETWORK
Affiliated with Baylor Health Care System

Consent to Treat

I hereby authorize employees and agents of HealthTexas Provider Network (including physicians, physician assistants and nurse practitioners and other employees and staff members) to render medical evaluations and care to the patient indicated below. The duration of this consent is indefinite and continues until revoked in writing. I understand that by not signing this consent, the patient will not be provided medical care except in a case of emergency.

John Doe
Patient Name (please print)

Signature of Patient, Parent, or Legal Guardian **Date**

Complete this section ONLY if the patient is a minor

I consent for Mary Doe to authorize evaluation and treatment for the patient identified above when I am not available. I understand that this authorizes the foregoing person(s) to consent to medical and surgical procedures and immunizations for the patient. The duration of this consent is indefinite and continues until revoked in writing.

Signature of Parent or Legal Guardian **Date**

Financial Responsibility

I hereby authorize payment of medical benefits directly to HealthTexas Provider Network (hereinafter "HT") and/or the attending physician for services rendered. Authorization is hereby granted to release information contained in the patient's medical record to the patient's medical insurance company (or its employees or agents) as may be necessary to process and complete the patient's medical insurance claim. I understand that this authorization may include release of information regarding communicable diseases, such as Acquired Immune Deficiency Syndrome ("AIDS") and Human Immunodeficiency Virus ("HIV"). I understand that I am financially responsible for the total charges for services rendered which may include services not covered by the patient's insurance companies. I agree that all amounts are due upon request and are payable to HT. I further understand that should my account become delinquent, I shall pay the reasonable attorney fees or collection expenses of HT, if any.

The duration of this authorization is indefinite and continues until revoked in writing. I understand that by not signing this release of information, I am responsible for payment of services in full before the services are rendered.

John Doe
Patient Name (please print)

Signature of Patient, Parent, or Legal Guardian **Date**

HEALTHTEXAS PROVIDER NETWORK
Affiliated with Baylor Health Care System

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 Record/ Information

This notice describes the practices of HealthTexas Provider Network ("HTPN") and that of its physicians[1] with respect to your protected health information created while you are a patient at HTPN. HTPN, physicians and personnel authorized to have access to your medical chart are subject to this notice. In addition, HTPN and its physicians may share medical information with each other for treatment, payment or health care operations described in this notice.

We create a record of the care and services you receive at HTPN. We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. This notice applies to all of the records of your care at HTPN.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

Your Health Information Rights

Although your health record is the physical property of HTPN, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information for treatment, payment, health care operations and as to disclosures permitted to persons, including family members involved with your care and as provided by law. However, we are not required by law to agree to a requested restriction, unless the request relates to a restriction on disclosures to your health insurer regarding health care items or services for which you have paid out-of-pocket and in-full;
- Obtain a paper copy of this notice of information practices;
- Inspect and request a copy of your health record as provided by law;
- Request that we amend your health record as provided by law. We will notify you if we are unable to grant your request to amend your health record;
- Obtain an accounting of disclosures of your health information as provided by law;
- Request communication of your health information by alternative means or at alternative locations. We will accommodate reasonable requests.

You may exercise your rights set forth in this notice by providing a written request, except for requests to obtain a paper copy of the notice, to the Compliance Officer at HealthTexas Provider Network, 8080 North Central Expressway, Suite 1700, LB 83, Dallas, TX 75206.

Our Responsibilities

In addition to the responsibilities set forth above, we are also required to:

- Maintain the privacy of your health information;
- Subject to certain exceptions under the law, provide notice of any unauthorized acquisition, access, use or disclosure of your protected health information to the extent it was not otherwise secured;
- Provide you with a notice as to our legal duties and privacy practices with respect to information we maintain about you;
- Abide by the terms of this notice;
- Notify you if we are unable to agree to a requested restriction on certain uses and disclosures; and
- We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain, including information created or received before the change. Should our information practices change we are not required to notify you, but we will have the revised notice available upon your request at HTPN. The revised notice will also be posted at HTPN offices and on the Baylor Health Care System web page at www.BaylorHealth.com.

Uses and Disclosures of Medical Information That Do Not Require Your Authorization.

The following categories describe different ways that we may use and disclose medical information without your authorization. For each category of uses or disclosures we will explain what we mean, but not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information without your authorization should fall within one of the categories.

We will use your health information for treatment.

For example: We may disclose medical information about you to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you at HTPN. We may share medical information about you in order to coordinate different treatments, such as prescriptions, lab work and x-rays. We may also provide your physician or a subsequent health-care provider with copies of various reports to assist in treating you once you are discharged from care at HTPN.

We will use your health information for payment.

For example: A bill may be sent to you or a third-party payer. The information on or accompanying the

[1] *Physicians are employees of HealthTexas Provider Network and are neither employees nor agents of Baylor Health Care System, or Baylor Health Care System's subsidiary, community or affiliated medical centers.*

bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

We will use your health information for regular health care operations.

For example: We may use the information in your health record to assess the care and outcome in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and services we provide.

We will use and disclose your health information as otherwise allowed by law. Examples of those uses and disclosures follow.

Business associates: There are some services provided in our organization through agreements with business associates. Examples include answering services and copy services. To protect your health information, however, we require business associates to appropriately safeguard your information.

Notification: Unless you object, we may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care about your location and general condition.

Individuals involved in your care: Unless you object, we may disclose to a family member, other relative, a close personal friend or other person you identify the health information that is directly relevant to that person's involvement in your health care or payment for your health care. If you are not able to agree or object to such disclosure, we may disclose the information as necessary if we determine it is in your best interest in our professional judgment.

Disaster Relief: We may use or disclose your health information to public or private disaster relief organizations to coordinate your care or to notify your family or friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to these disclosures when practical.

Research: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to protect the privacy of your health information.

Funeral directors, coroners and medical examiners: We may disclose health information to funeral directors, coroners and medical examiners consistent with applicable law to carry out their duties.

Organ procurement organizations: Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Communications regarding treatment alternatives and appointment reminders: We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Fundraising: We may contact you as part of a fundraising effort. You have the right to opt out of receiving fundraising communications by providing a written request to the BHCS Foundation, 3600 Gaston Avenue, Barnett Tower, Suite 100, Dallas, TX 75246.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, medications, devices, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Worker's compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.

Public health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Abuse, neglect or domestic violence: As required by law, we may disclose health information to a governmental authority authorized by law to receive reports of abuse, neglect, or domestic violence.

Judicial, administrative and law enforcement purposes: Consistent with applicable law, we may disclose health information about you for judicial, administrative and law enforcement purposes.

Health oversight activities: We may disclose health information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections and licensure.

Threats to health or safety: We may use or disclose health information as allowed by law if we believe in good faith that it is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public or for law enforcement authorities to identify or apprehend an individual involved in a crime.

Special government functions: We may disclose health information to authorized federal officials for intelligence, counter-intelligence and other national security activities authorized by law, or for protective services to the President of the United States or certain other government officials. If you are a member of the military, we may disclose health information to military authorities under some circumstances. If you are an inmate of a jail, prison or other correctional facility or in the custody of law enforcement personnel, we may disclose health information necessary for your health and the health and safety of others.

Required or allowed by law: We will disclose medical information about you when required or allowed to do so by federal, state or local law.

Electronic Health Information Exchange: HTPN uses a third party to maintain a Health Information Exchange (HIE). HTPN stores electronic health information about you in the HIE. Electronic health information about you from other health care providers or entities that are not part of HTPN who have treated you or who are treating you is also stored in the HIE, and HTPN and these other providers can use the HIE to see your electronic health information for the purposes described in this Notice, to coordinate your care and as allowed

by law. HTPN monitors who can view your information, but the individuals and entities who use the HIE may disclose your information to other providers.

You may opt out of the HIE by providing a written request to the Compliance Officer at HealthTexas Provider Network, 8080 North Central Expressway, Suite 1700, LB 83, Dallas, TX 75206. If you opt out, your information will still be stored in the HIE by Baylor, but your information will not be viewable through the HIE. You may opt back in to the HIE at any time. You do not have to participate in the HIE to receive care.

When We Need Your Written Authorization

We will not use or disclose your health information without your written authorization, except as described in this notice. Uses or disclosures that require your written authorization include the following:

- Most uses and disclosures of psychotherapy notes.
- Uses and disclosures for marketing purposes, unless we speak with you face-to-face or provide a nominal promotional gift.
- Disclosures that constitute a sale of your health information under applicable law.

You may revoke an authorization to use or disclose your health information except to the extent that action has already been taken in reliance on your authorization. To revoke your authorization, send written notice to your HTPN physician's office.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact the HealthTexas Provider Network Office of HIPAA Compliance at 877-820-6500.

If you believe your privacy rights have been violated, you can file a complaint with the Baylor Health Care System Office of HIPAA Compliance at 866-245-0815 or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

EFFECTIVE DATE: 09/23/13
VERSION: 4
FORM HTPN-46000
REV. 10-14-02
REV. 02-16-10
REV. 01-15-13
REV. 08-27-13

Acknowledgement of The Receipt of HealthTexas Provider Network (HTPN) Notice of Health Information Practices

HEALTHTEXAS PROVIDER NETWORK
Affiliated with Baylor Health Care System

Acct #

Acknowledgement of Receipt

The Health Insurance Portability and Accountability Act (HIPAA) is a federal government regulation designed to ensure that you are aware of your privacy rights and of how your medical information can be used by our staff in providing and arranging your medical care.

HTPN is furnishing you with the attached notice, which provides information about how HTPN and its physicians[1] may use and/or disclose protected health information about you for treatment, payment, health care operations and as otherwise allowed by law. **By signing this form, you acknowledge that you have received a copy of HTPN's Notice of Health Information Practices.**

John Doe

Patient Name (please print)

Signature of Patient, Parent, or Legal Guardian

Date

Effective Date of this Notice: **09-23-2013**

[1]Physicians are employees of HealthTexas Provider Network and are neither employees nor agents of Baylor Health Care System, or Baylor Health Care System's subsidiary, community or affiliated medical centers.

Patient Secure Messaging

Acct #

HEALTHTEXAS PROVIDER NETWORK
Affiliated with Baylor Health Care System

Baylor Office EHR is a joint effort of HealthTexas Provider Network physicians and other physicians aligned with Baylor Health Care System to fully support an electronic patient care experience through implementation of a common electronic health record platform. HealthTexas Provider Network ("HTPN") is pleased to offer Baylor Office EHR as a convenience to communicate electronically with you under the conditions and terms outlined below.

Electronic Communication

Use of Electronic Communication from HTPN to the Patient

☐ **Yes**, I want HTPN to communicate my information with me through a secure system that is designed to keep my information safe. You will be notified via email when there is secure information for you to review. The e-mail will provide a link that will take you to the secure site. After clicking on the link, you will be required to log-in and provide a password to access your information. You will need to make note of the password to access any future information.

Please enter in the space below the e-mail address you would like to use to receive secure messages.

_____

E-mail Address (Please Print)

In choosing your e-mail address, please consider the privacy implications; for example, any other person that may have access to your e-mail address or any other person, such as your employer, that may have the right and/or ability to review all e-mail received at your work address.

☐ **No**, I do not want HTPN to use electronic communication as a way to communicate my information to me.

HTPN E-mail Guidelines

- At this time, HTPN can only send emails to patients. Currently, HTPN is not able to accept patient emails through the Baylor Office EHR.
- All e-mail you receive from HTPN is sent under the name and e-mail account of DFW Centricity.
- The patient is responsible to notify HTPN promptly of any changes to his/her e-mail address.
- All of HTPN's electronic communications to you are recorded in your medical record. Those who have access to your medical record also have access to the e-mail messages sent to you.

Confidentiality and Privacy

- If the electronic communication process described above is not used, we cannot guarantee the confidentiality of the information.
- HTPN will not share your e-mail address with anyone unauthorized to view your medical record.

Consent and Agreement

I have carefully reviewed this document and agree to fully comply with the guidelines defined herein for electronic communication from HTPN. I understand that the service will be offered at no charge and that I will be notified if and when a fee is administered for the service.

John Doe

Patient Name (please print)

Signature of Patient, Parent, or Legal Guardian **Date**

Race, Ethnicity & Language Form

Acct #

HEALTHTEXAS PROVIDER NETWORK
Affiliated with Baylor Health Care System

HealthTexas Provider Network is implementing a systematic method of collecting data on race, ethnicity, and communication needs directly from patients or their caregivers. The purpose of collecting this information is to ensure that all patients receive high-quality care.

We would like for you to provide us with your race and ethnic background. We will only use this information to review the treatment patients receive and make sure everyone gets the highest quality of care.

Race

Which category best describes your race?

- ☐ American Indian or Alaska Native
- ☐ Black or African American
- ☐ White
- ☐ Asian (includes Pakistan or Indian origins)
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Multiracial
- ■ Decline

Race Definitions: American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment. **Black or African American:** A person having origins in any of the black racial groups of Africa. **White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. **Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. **Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. **Multiracial**: A person having more than one or a combination of the above origins

Ethnicity

Do you consider yourself Hispanic/Latino?

☐ Yes ☐ No ■ Decline

Language

What language do you feel most comfortable speaking with your doctor or nurse?

- ☐ English
- ☐ Spanish
- ☐ Vietnamese
- ☐ Chinese
- ☐ Tagalog
- ☐ Hindi
- ☐ Italian
- ☐ Korean
- ☐ Sign Language or other Auxiliary Aid or Service
- ☐ Unknown
- ☐ Other _____
- ■ Decline

John Doe

Patient Name (please print)

Signature of Patient, Parent, or Legal Guardian

Date

Patient Preferences Regarding Communication of PHI (Patient Health Information)

HEALTHTEXAS PROVIDER NETWORK
Affiliated with Baylor Health Care System

Acct #

Preferred Method of Communication

My preferred method of communication regarding my **medical conditions** is indicated below **(check one):**

- ☐ Home Phone
- ☐ Work Phone
- ■ Cell Phone
- ☐ Mailed Letter
- ☐ Guardian

If the above method of communication is by phone, please check the appropriate box below **(check one):**

- ■ Leave a message with detailed information.
- ☐ Leave a message with a call-back number only.

Please note that you are responsible for any charges incurred in receiving our communications. For example, if you provide a cell phone number as a method of contact, then you are responsible for any charges imposed by your mobile carrier for receiving calls or text messages from the clinic.

Please let our office know if you have any special directions or requests regarding our communication with you. For example, please let us know if you would like for us to call you at a different phone number for a particular test result or if you do not want to be called at all.

Approved HIPAA Contacts

Keeping our patient's information private is important to us and by default we will only disclose information related to the patient's **Billing Account** and **Medical Conditions** to the **patient** or **legal guardian**.

If you would like to add additional contacts (other than the patient or legal guardian) that HealthTexas is allowed to disclose this type of information to, please complete the fields below and select the appropriate checkboxes based on your approval for each person you list. In addition, please choose the person you would like HealthTexas to list as your **Emergency Contact** in the event an emergency situation was to take place at our office.

Contact Name	Relationship to Patient	Contact Phone Number
☐ **Billing Account Information**	☐ **Medical Condition Information**	☐ **Emergency Contact**
Contact Name	Relationship to Patient	Contact Phone Number
☐ **Billing Account Information**	☐ **Medical Condition Information**	☐ **Emergency Contact**

The duration of this authorization is indefinite unless otherwise revoked in writing. I understand that requests for health information from persons not listed on this form will require my specific authorization prior to the disclosure of any health information.

John Doe

Patient Name (please print)

Signature of Patient, Parent, or Legal Guardian **Date**