

IT'S A NEW DAY FOR YOUR FAMILY'S HEALTH CARE



GENESIS
PRIME CARE

"HealthCare for Everyone"

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Welcome



Welcome, and Thank you for choosing East Texas Border Health DBA Genesis PrimeCare (GPC). We realize that you have a choice in medical providers and are pleased that you have chosen GPC as your Medical Home. The staff at GPC strives to exceed expectations in care and service in order to make your experience with us as comfortable and stress-free as possible. Our goal is to provide quality medical care in a timely manner. In order to do so you will notice below, some simple guide lines for the following: ***appointments, medications, lab results, procedures for test done outside our office, and medical records.*** Please feel free to contact our office if you have any questions regarding our expectations for the following:

Appointments:

We ask that you arrive 10-15 minutes early for any paperwork or account updates to be completed. Please check out with the receptionist after your visit to ensure any follow-up appointments and to complete your visit.

If you arrive more than 15 minutes late for your appointment, you may lose your current appointment and be moved to a work-in status or we may need to reschedule your appointment.

Medications:

If you need a refill on your medication, please call your pharmacy and have them send a refill request to us. Once we receive the request please allow 24 to 48 hours to process.

All new medications that are prescribed to you during your visit will be called in at the end of the day. If your pharmacy doesn't have the prescription by noon the following day, please call us.

Welcome

Lab results:

When you have labs drawn, we will contact you if there is a problem. If you do not hear from us, you may receive a letter or it will be discussed on your next visit.

Procedures or test done outside our office:

If you do not hear from us after 5 days from the test, please call us.

Medical Records:

Per HIPAA guidelines, copies of medical records must be requested in writing. To ensure your privacy, a form for release of medical information must be completed with the receptionist. All patients can request a copy of their medical records at a cost of \$25.00 for the first 25 pages. After the request is signed, it is sent to our medical records department, who will notify you of the fee. Once they receive the fee, they will send you the records.

You may also sign a release of medical information to be sent to another medical group without a fee.

This handbook has important information that you may need from time to time to help you get the most out of every visit to GPC. Please keep it in an easy to find and safe place. Again, Welcome and thank you for Choosing GPC.

Sincerely,

Carla Roadcap

CEO

East Texas Border Health DBA Genesis PrimeCare

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Service Standard



SERVICE STANDARDS



P	PROFESSIONALISM I strive to be professional in my behavior, appearance, and to utilize the A.I.D.E.T. framework to ensure effective communication with every patient and family member.
R	RESPONSIBILITY I am accountable for my behavior and take full ownership of the safety and quality I provide each patient.
I	INTEGRITY I commit to honesty and I will act in an ethical and efficient manner at all times.
M	MUTUAL RESPECT I understand that teamwork is crucial to the mission of Genesis PrimeCare and I will interact with my colleagues and our patients in a manner that is respectful.
E	EXCELLENCE I will continue to enhance my expertise and to be as knowledgeable as I can in my role. I understand that I am a crucial part of the patient's experience.

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Selecting Your Personal Clinician / Current Provider information

Your Health Center Address: _____

Your Health Center Phone: Your Health Center Phone# _____

Make a list of the name of you and/or your family's doctor, nurse practitioner, physician assistant, dentist and any other Genesis PrimeCare health team to help keep track of your care. If you do not have a personal Physician, Nurse Practitioner, or Clinical Care team, we will be glad to help you with you and/or your family's process in selecting one.

	Adult 1	Adult 2	Children
Primary Doctor/ Provider	_____	_____	_____
OB/GYN	_____	_____	_____
Dentistry	_____	_____	_____
Social work/ Counseling Services	_____	_____	_____
Other Specialties	_____		

name of Pharmacy, Address and Telephone

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Your GPC Health Centers

Medical Home	Providers & Services	Hours of Operation	Contact Information
Ellington Clinic 1011 South William St Atlanta, Texas 75551	Family Medicine Pediatrics Dermatology Behavioral Health	Monday-Friday 8:00am-5:00pm Saturday 8:00am-12:00pm	903.796.2868
Marshall Family Clinic 805 Lindsey Drive Marshall, Texas 75670	Family Medicine	Monday-Wednesday 7:00am-7:00pm Thursday & Friday 8:00am-5:00pm Select Saturdays 8:00am-1:00pm	903.938.1146
Marshall East Texas Pediatrics 618 S Grove St Suite 100&300 Marshall, Texas 75670	Pediatrics	Monday-Friday 8:00am-5:00pm	903.927.6620
Marshall First in Pediatrics 618 S Grove St Suite 105 Marshall, Texas 75670	Pediatrics	Monday-Friday 8:00am-5:00pm	903.935.9441
Marshall Hope & Recovery 620 S Grove St Suite 105 Marshall, Texas 75670	Behavioral Health	Monday-Friday 8:00am-12:00pm 1:00pm-5:00pm	903.702.7900
Marshall OB/GYN 815 South Washington Suite 203 Marshall, Texas 75670	Obstetrics Care	Monday-Friday 9:00am-12:00pm 1:30pm-5:00pm	903.927.6850
Texarkana Arkansas Clinic 1205 East 35 th St Texarkana, AR 71854	Family Medicine Behavioral Health	Monday-Friday 8:00am-5:00pm	870.216.0080
Texarkana Medical Clinic 1400 College Drive Suite 204 Texarkana, Texas 75503	Family Medicine Pediatrics Behavioral Health Dentistry	Mon/Wed/Fri 7:00am-5:00pm Tues/Thurs 8:00am-5:00pm	903.791.1110
Texarkana Arkansas Clinic II 4077 Jefferson Ave. Texarkana, AR 71854	Family Medicine Behavioral Health Obstetrics Pediatrics	Monday-Friday 8:00am-5:00pm	870.330.9200
Texarkana Obstetrics 2602 St. Michael Drive Suite 202 Texarkana, Texas 75503	Obstetrics Care	Monday – Thursday 8:00am-6:00pm	903.614.5570

Emergency & After Hours Coverage

You can call us at any hour, day or night. We are here to help.	How to know when to go to the Emergency Room (ER)!
Call If you have a medical or dental problem, a question about your medication, or any other health concern. If you are having a medical emergency, call 911	When an emergency strikes, you know you need medical care fast. But what if you're not sure if it's a true emergency? How can you tell if what you or a loved one is experiencing should have you rushing to the ER?
Call us if you are going to the ER and Call to make an appointment when you return home from the ER. We can help coordinate your care.	Knowing the difference between urgent care and emergency care could save your life in an emergency.

When to call 9-1-1	When to call Genesis PrimeCare
<p>Sometimes driving yourself or a loved one to the emergency room won't get you the medical care needed fast enough.</p> <p>Many people are confused about when to call 911. It's better to be safe than sorry. If you are in doubt, please call 911. Do not drive if you are having really bad chest pain or bleeding, if you feel like you might faint or if it is hard to see.</p> <p>For certain medical emergencies, such as a heart attack or stroke, taking an ambulance is safer because paramedics can deliver life-saving care on the way to the hospital.</p>	<p>If your symptoms come on gradually or you already know the diagnosis, such as a urinary tract infection, you may want to try to get a same day appointment with your GPC doctor and health care team. While urgent care clinics are always available, your GPC doctor and health care team will have a better picture of your overall health for a more accurate diagnosis. You can call us day or night to answer your questions.</p>

Emergency & After Hours Coverage

Urgent care is not emergency care	Be prepared for medical care
<p>You may access clinical advice by phone 24/7</p> <p>We can take care of your urgent needs by calling for a same day appointment.</p>	<p>Whether you're going to urgent care, the ER or your GPC Health Center put your medications including over-the-counter medications and vitamins in a bag and bring them with you. Many medications, and vitamins, can interact with the treatment options your doctor plans to use.</p> <p>Keep a list of any allergies, especially to medications with you; that also includes any previous invasive medical procedures and surgeries, the dates they were done and the names of the doctor or surgeon who treated you.</p>

Time for the ER?

The emergency room was designed to provide fast, life or limb saving care. Many people, however, use the ER as a place to receive urgent care without realizing it. If you're ever in doubt, it's better to be safe and go to the closest ER. These are just a few of the health problems that are medical emergencies:

Chest pain that won't go away, especially if it spreads to your arm or jaw, **Sweating** and **vomiting**, Shortness of breath or wheezing that won't go away, Strong pain in the abdomen or starting halfway down the back, **Loss of balance** or fainting, **Difficulty speaking** or confused, weakness or can't move (paralysis), Your **heart beats really strong and fast**, Sudden, **really bad headache**, Sudden **bad pain and swelling** in the genital area or testicles, **Newborn baby with a fever**, intestinal bleeding, Loss of vision, Serious burns, etc.

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Total Care with GPC

GPC services are centered around The triple aim of “Better Care, Better Health and Lower Cost

GPC Is a Medical Home that is Patient-Centered! Everything is centered around you. Beginning with the relationship and partnership we build with every patient to understanding your preferences, values, cultures, needs and expectations.

Here at GPC we offer our Patients total Care. We offer care for every stage of Life. Coming to GPC means we get to know you and can better diagnose and work with you to keep you healthy. GPC provides primary and preventative care for people of all ages and stages of life. GPC has a Care team of highly trained health care professionals that are passionate and committed to serving you and keeping you healthy. You choose your provider and we work hard to help meet all of your health care needs.

GPC provides a full range of primary and preventive health care for the whole family, from newborns and above.

GPC will ensure that your child has a smooth transition from our Pediatric Care to our Adult/Family Practice. A Clinician will speak with you about transitioning your Child and will coordinate this transition in a very safe and sensitive manner.

Genesis PrimeCare Behavioral Health Counseling

We provide counseling services to children, adolescents and adults who are dealing with mental health or behavioral health issues. Our staff is a compassionate team who can help you deal with stressful or difficult situations you might be facing. Our program is designed to help people recover from overwhelming and hurtful experiences. We provide specialty services to treat Post Traumatic Stress Disorder and the recovery from abusive or traumatic experiences. We also treat a wide variety of mental health issues. We provide excellent support, and evidence-based care in a safe and healing environment. We teach stress-management and healthy coping skills. Our services include individual, group and family counseling. Our team ***coordinates your care*** with your Primary Care provider so you can have a better outcome with your health.

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Services Offered

GPC Family Medicine and Primary Care Doctors, Nurse Practitioners and Physicians Assistants can help you stay healthy, diagnose and treat you.

Health Services for you & your family

Family Medicine

Care at all ages.



Teeth, Gums, and Mouth

Dentistry

Oral Health is an important part of staying healthy for you and your family at any age.



Health Care for Babies, Children and Teens

Pediatrics

Care from birth until 16



Counseling and Education

Learn what you can do to get healthy, stay healthy, and feel good.



Dermatology

Care for diseases of the Skin, Hair, & Nails. The clinic focuses on prevention of skin cancer & treatment of sun-related diseases. Minor procedures such as mole removal, cyst removal, & excisions are performed in-office.



Behavioral Health

The GPC behavioral Health team is here to help you and your family by offering

- Individual and family Counseling*
- Screening and assessments*
- Stress management & coping skills*
- Group Counseling*



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GPC provides the following services:

Laceration repair	Pulse Oximetry	Immunizations	Obstetrics	
EKG, 12 lead	Nebulizer Treatment	Texas Health Steps	Pharmacy	

Laboratory services provided in select clinics include:

Urinalysis	Urine Pregnancy	Hemoglobin	Glucose	RSV
Strep A	Influenza	Hemocult	PT/INR	

Genesis PrimeCare (GPC) Clinics provide patient care services for a wide range of medical care needs. Our clinic hours may vary based on the location. Please refer to page seven (7) of this handbook for GPC health centers listing. After hours emergencies are referred to the Emergency Room of your choice or dial 911. If you have a medical question you may contact the Healthy Hotline at **903-315-4747** and speak with a Registered Nurse.

Genesis PrimeCare's purpose is to treat disease, injury, and medical needs by examination and use of various procedures; to prevent or minimize residual physical and mental disabilities; to aid the patients in achieving his/her maximum potential within his/her capabilities; and to accelerate convalescence and reduce the length of the functional recovery. To this end, the GPC clinic's goal is to help patients realize and maintain a state of wellness. Medical services are provided to all ages including children, adolescent, adults and geriatric, either through clinic professionals or referral to a qualified specialist.

Genesis PrimeCare follows the guidelines established by the Health Resources and Service Administration (HRSA) to ensure adequate staffing of each facility in order to maintain the needs of the patients we serve.

Please check with your Local GPC Medical Home to find out which of the above services are offered in your area. Refer to Page seven (7) for a listing of GPC health centers and contact information or simply log on to genesisPrimecare.org.

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Appointment Information



Making an Appointment

Here are ways you can make an appointment with us:

- Ask our front desk staff at your GPC Center.
- Call your local GPC's telephone number (refer to the list on page 5 of your handbook).

You may also request appointments through your GPC **"Patient Portal"**. To gain access to our secure server on Patient Portal, simply provide our patient Service Representative with a personal (non-work) e-mail address and ask her to web enable you. You will be e-mailed steps to securely log in with your username and password to gain access to your personal health record and other helpful features from any computer or smartphone with an internet connection.

Just simply go to <http://www.genesisprimecare.org/> then select your local area. Once you are on the GPC site, you should see the following "click **HERE** for your Genesis PrimeCare Health Portal". Simply click the word **HERE** and you will be given the option to either make a payment or sign-on to your account. Follow the prompts to setting up your Patient Portal account and you should be able to use your account to request appointments. (see GPC Technology section more information about the Patient Portal)

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Appointment Information

GPC offers appointment reminders by phone 48 hours before your appointment

APPOINTMENTS/WALK-IN APPOINTMENTS:



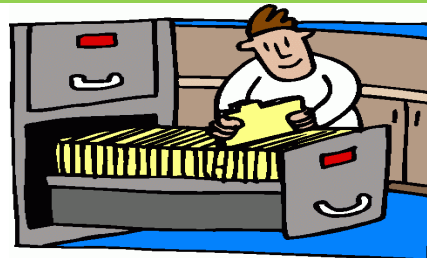
In order to best serve you in a timely manner, we strongly recommend that you **call in** and make an appointment ahead of time. If you are unable to keep a scheduled appointment, please **call us 48 hours in advance** so that we can see another patient/client in your place. Please **call** if you need to cancel or reschedule. We give priority to patients/clients with appointments; however we do understand that there are times when you need to be seen without an appointment, and in this case, we will make every attempt to do so.

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Technology/Health Records

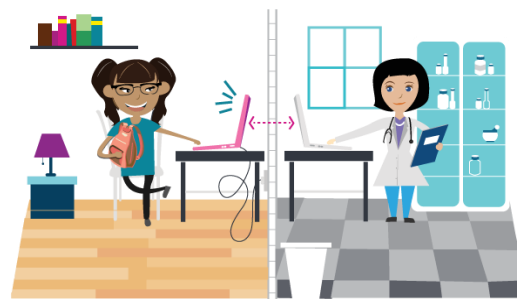
Health Records



As a patient/client, you have the right to access information about your care. We create paper and electronic health records and documents concerning you and your health, as well as the care and services we provide to you. You can access this information by filling out an **AUTHORIZATION TO RELEASE PROTECTED INFORMATION (PHI) form**.

As a patient/client, you have the right to review your health record. Please note that your health record is the property of GPC. You may obtain a copy of your record, according to the Health Record Policies and other regulations regarding release and copying of records.

GPC Patient Portal



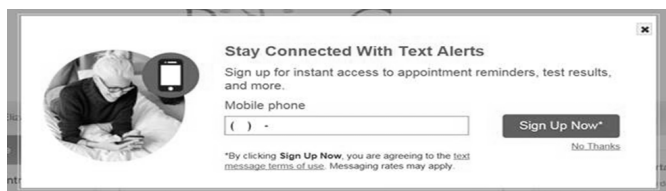
GPC Patients/clients can access certain services through the GPC **Patient Portal**. GPC's EHR (Electronic Health Record) ensures that we work as a team on your behalf. Your medical chart along with your health history and clinical information is stored and maintained in the GPC EHR secure database. The Up-to-date information about your health and medications helps your doctor and other medical staff to provide safe and better care for you.

The Benefits of using the GPC Patient Portal

- Request appointments
- Get lab results
- Read health records
- Send messages to and receive messages from your GPC Team
- Get reminders
- Manage refills for prescriptions

The patient portal is not intended to address urgent health concerns. If you need a provider the same day, always call your local GPC health center. Never use the patient portal in the case of an emergency. Please call 911

Technology/Protected Health Records



Health Records

As a patient/client, you have the right to access information about your care. We create paper and electronic health records and documents concerning you and your health, as well as the care and services we provide to you can access this information by filling out an AUTHROZATION TO RELEASE PROTECTED INFORMATION (PHI) FORM.

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Genesis PrimeCare Patient Portal

Genesis PrimeCare patients/clients can access certain services through the Patient Portal. Genesis PrimeCare EHR (Electronic Health Record) ensures that we work as a team on your behalf. Your medical chart along with your health history and clinical information is stored and maintained in the EHR secure database. The Up-To-Date information about your health and medications helps your doctor and other medical staff to provide safe and better care for you.

The benefits of using the Patient Portal:

- Request appointments
- Review lab results
- Read health records
- Send messages to and receive messages from your GPC Team
- Get reminders
- Manage refills for prescriptions

GPC Patient Portal is not intended for urgent health concerns. If you need to see a doctor the same day, always call the Health Center. Never use the Patient Portal in the case of an emergency. In an emergency, call 911 immediately.

Payment & Billing

GPC provides equal access to all our patients regardless of source of payment!

PAYMENT FOR SERVICE:



You are responsible for giving us accurate information about your present financial status and any changes in your financial status.

GPC centers need this information to decide how much to bill you and/or bill private insurance, Medicaid, Medicare, or other benefits you may be eligible for. Patients fees will be charged based on eligibility, ask front desk for assistance.

You have a right to receive explanations of your bill. You must pay, or arrange to pay, all agreed fees for medical services or dental services, as provided by our policies. If you cannot pay right away, please let us know so that Genesis PrimeCare centers can provide care for you now and work out a payment plan. If you are having problems paying for your healthcare bills, please visit the eligibility department for assistance with sliding fee scale or other discount programs. Federal law prohibits us from denying you primary health care services, which are medically necessary, solely because you cannot pay for the services.

Genesis PrimeCare (GPC) accepts the following forms of Payment:

- Most private health insurance and managed care plans
- Public Health insurance (Medicare, Medicaid, Family Health Plus, Child Health Plus, and others)
- Cash, Check, Credit or Debit Card
- Sliding Fee Scale for people who do not have insurance and are eligible.

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Payment & Billing

Sliding Fee Scale for people who don't have insurance:

For patients who qualify, we use what is called a Sliding Fee Scale.

This is when the cost of your care is based on:

- How many people are in your household
- Household income (proof of income is needed)



When is Payment due?

If your insurance requires a self-payment or co-payment, the payment is due at the time of the visit.

Billing

If payment is not collected at the time of visit, you will be billed at the address you provided. Payments can be mailed to:

Genesis PrimeCare:

Attn: Billing Department

P.O. Box 1326 Marshall, TX 75671

Federal law prohibits us from denying you primary health care services, which are medically necessary, solely because you cannot pay for these services.

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Medication (prescription) Programs

Prescription Programs:

GPC wants to make sure you get the medications you need when you need them. Our GPC staff can contact the Pharmacy of your choice in order to fill a prescription from a GPC doctor or nurse practitioner. We may also be able to help you sign up in a prescrip-



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Privacy & Rights

PRIVACY NOTICE:

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.

This Notice describes the privacy practices of Genesis PrimeCare and the staff who provide services to patients at this clinic.

Patient Health Information

Under federal law, your patient health information is protected and confidential. Patient health information includes information about your symptoms, diagnosis, test results, treatment and related medical information. Your health information also includes payment, billing and insurance information.

How We Use Your Patient Health Information

We use health information about you for treatment, to obtain payment and for health care operations, including administrative purposes and evaluation of the quality of care that you receive. Under some circumstances, we may be required to use or disclose the information even without your permission.

Examples of Treatment, Payment and Health Care Operations

Treatment: We will use and disclose your health information to provide you with medical treatment or services. For example, nurses, mid-level providers, physicians and other members of our treatment team will record information in your record and use it to determine the most appropriate course of care. We may also disclose the information to other health care providers who are participating in your treatment, to pharmacists who are filling your prescriptions, and to family member who are helping with your care.

Health Care Operations: We will use and disclose your health information to conduct our standard internal operations, including proper administration of records, evaluation of the quality of treatment, and to assess the care and outcomes of your care.

Special Uses

We may use your information to contact you with appointment reminders. We may also contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may ask for your evaluation of services through electronic email or private mail.

Other Uses and Disclosures

We may use or disclose identifiable health information about you for other reasons, even without your consent. Subject to certain requirements, we are permitted to give out health information without your permission for the following purposes:

Required by Law: We may be required by law to report suspected abuse or neglect, or similar injuries and events.

Public Health Activities: As required by law, we may disclose vital statistics, diseases, information related to recalls of dangerous products, and similar information to public health authorities.

Privacy & Rights

Privacy & Rights

Payment: We will use and disclose your health information for payment purposes. For example, we may need to obtain authorization from federal and state government programs or your insurance company before providing certain types of treatment. We will submit bills and maintain records of payment from your health plan.

Deaths: We may report information regarding deaths to coroners, medical examiners, funeral directors, and organ donation agencies.

Serious Threat to Health or Safety: We may use and disclose information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Military and Special Government Functions:

If you are a member of the armed forces, we may

Military and Special Government Functions:

If you are a member of the armed forces, we may release information as required by military command authorities. We may also disclose information to correctional institution or for national security purposes.

Research: We may use or disclose information for approved medical research.

Research: We may use or disclose information for approved medical research.

In any other situation, we will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information you can later revoke that authorization to stop any future uses and disclosures.

Privacy & Rights

Law Enforcement Purposes: Subject to certain restriction, we may disclose information required by law enforcement officials.

Health Oversight: We may be required to disclose information to assist in investigations and audits, eligibility for government programs, and similar activities.

Judicial and Administrative Proceeding: We may disclose information in response to an appropriate subpoena or court order.

Amend Information: If you believe that information in your medical record is incorrect, or if important information is missing, you have the right to request that we correct the existing information or add the missing information.

Accounting of Disclosures: You may request a list of instances where we have disclosed health information about you for reasons other than treatment, payment, or health care operation.

Our Legal Duty

We are required by law to protect and maintain the privacy of your health information, to provide this Notice about our legal duties and privacy practices regarding protected health information, and to abide by the terms of the Notice currently in effect.

Privacy & Rights

Changes in Privacy Practices

We may change our policies at any time. Before we make a significant change in our policies, we will change our Notice and post the new Notice in the waiting area. You can also request a copy of our Notice at any time. For more information about our privacy practices, please contact the person listed below.

Privacy & Rights

Individual Rights

You have the following right with regard to your health information.

Request Restrictions:

You may request restrictions on certain uses and disclosures of your health information. We are not required to agree to such restrictions, but if we do, we must abide by those restrictions.

Confidential Communications:

You may ask us to communicate with you confidentially by for example, sending communication to a special address or not using postcard or written communication to remind you of appointments or survey response.

Inspect and Obtain Copies:

In most cases, you have the right to look at or get a copy of your health information. There may be a charge for the copies.

Complaints

If you are concerned that we have violated your privacy rights, or if you disagree with a decision we made about your record, you may contact the person listed below. You also may send a written complaint to the U.S. Department of Health and Human Services. The person listed below will provide you with the appropriate address upon request. You will not be penalized in any way for filing a complaint.

Genesis PrimeCare

Carla Roadcap

(903) 927-3782

502 East Rusk

Marshall, Texas 75670

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Privacy & Rights

1. Patient Mental Health Records.

- HIPAA requires a separate “Authorization for the Use and Disclosure of Health Information” form to be completed for mental health records or psychiatric notes.
- In addition, Clinics located in Texas must comply with the provisions of Texas law for Mental Health Records. Psychiatric/Mental Health Records may not be disclosed except as required by law. As a general rule, the patient (or the patient’s personal representative) must sign a separate “Authorization for the Use and Disclosure of Health Information” prior to the release of his/her Psychiatric/Mental Health Records.

2. Chemical Dependency: Alcohol and Drug Abuse Records.

- To the extent Clinics evaluate Chemical Dependency, Alcohol or Drug Abuse patients, the Clinics will need to comply with federal laws and regulations regarding the release of patients’ Chemical Dependency, Alcohol or Drug Abuse Records.
- As a general rule, the patient (or the patient’s personal representative) must sign a written Authorization or consent that complies with HIPAA and other federal laws and regulations prior to the release of Alcohol or Drug Abuse/Chemical Dependency Records. In addition, if the records pertain to *Alcohol or Drug Abuse/Chemical Dependency*, the written Authorization form must contain a revocation or expiration date and provide that the Authorization *is subject to revocation by the patient (or his/her legal representative) at any time except to the extent that action has been taken in reliance on the Authorization.*

3. AIDS/HIV Information.

- Patient health information regarding “Acquired Immune Deficiency Syndrome” (“AIDS”) and Human Immunodeficiency Virus (“HIV”) test results are confidential and may not be disclosed or released without the written Authorization of the patient (or his/her legal representative), except under certain limited circumstances. Under HIPAA, AIDS information and/or HIV test results may be disclosed without a written Authorization *“to avert a serious threat to health or safety.”* (See Clinic’s “Notice of Privacy Practices.”). Such disclosure may be to prevent a serious threat to the patient’s health and safety or to the health and safety of the public or another person (for example, to notify emergency response personnel about a possible exposure to AIDS or HIV). Any disclosure, however, would only be to the extent permitted by applicable laws or regulations.

Privacy & Rights

- Texas state law is consistent with HIPAA and permits disclosure, *without written patient Authorization*, to: (1) the Texas Department of State Health Services (“DSHS”); (2) the federal Centers for Disease Control (“CDC”), state or local health authorities if such reporting is required by federal or state laws or regulations (e.g., the Communicable Disease Prevention and Control Act or other communicable disease reporting laws or regulations); (3) the physician or other healthcare provider who ordered the test; (4) physicians, nurses and other healthcare providers who have a legitimate need to know the test results for their protection and for the patient’s health and welfare; (5) the patient tested; (6) the spouse of the patient who tests positive for AIDS or HIV; (7) the patient’s partner, pursuant to a partner notification program when reported by a health care professional who actually knows that a patient is HIV positive and possibly has transmitted the HIV virus to a third party; (8) law enforcement officers, firefighters, emergency medical personnel, and correction officers exposed to the HIV virus, as provided by the Communicable Disease Prevention and Control Act; and (9) persons authorized to receive HIV test results obtained pursuant to Article 21.31 of the Texas Code of Criminal Procedure, which authorizes court-ordered testing of a defendant indicted for indecency with a child, sexual assault, or aggravated sexual assault.

Genetic Information.

- Under state law, “Genetic Information” is confidential and privileged regardless of the source of the information. A person who holds Genetic Information about an individual may not disclose or be compelled to disclose, by subpoena or otherwise, that information unless the disclosure is specifically authorized as provided by law. The confidentiality of Genetic Information applies to a re-disclosure of Genetic Information by a secondary recipient of the information after disclosure of the information by an initial recipient.
- Unless a specific exception applies, state law requires that a separate “Authorization for Use and Disclosure of Health Information” form must be completed by the patient (or the patient’s legal representative) prior to any release of Genetic Information. [See the “Use or Disclosure of Genetic Information Policy and Procedure” in the TACHC Information Management Manual].
- A separate written Authorization *must* be obtained from the patient (or his/her legal representative) prior to the Clinic’s disclosure of each of the following: (1) psychiatric notes or mental health records; (2) alcohol and chemical dependency records; (3) medical records relating to AIDS or HIV; and/or (4) Genetic Information, unless these records are requested by a Court Order (issued by a judge).
- In addition, the patient’s Authorization must be obtained prior to the Clinic’s use or disclosure of patient PHI for marketing or research purposes.

Privacy & Rights

BILL OF RIGHTS:

All patients have the following rights:

1. You have the right to a humane environment that provides reasonable protection from harm and appropriate privacy for your personal needs.
2. You have the right to be free from abuse, neglect, and exploitation.
3. You have the right to be treated with dignity and respect.
4. You have the right to be told before treatment: the procedure you will be given, the risks, side effects, and benefits of all medications and treatment you will receive, the other treatments that are available, and what may happen if you refuse treatment.
 - A. The condition to be treated;
 - B. The proposed treatment;
 - C. The risks, benefits, and side effects of all proposed treatment and Medication;
 - D. The probable health and mental health consequences of refusing treatment; and
 - E. Other treatments that are available and which ones, if any might be appropriate for you; and,
5. You have the right to accept or refuse treatment after receiving this explanation.
6. you agree to treatment or medication, you have the right to change your mind at any time (unless specifically restricted by law).
7. You have the right to a care plan designed to meet your needs.
8. You have the right to refuse to take part in research without affecting your regular care.
9. 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.
10. You have the right to be told in advance of all estimated charges and any limitations on the length of services that the facility is aware of.
11. You have the right to make a complaint and receive a fair response from the clinic within a reasonable amount of time.
12. You have the right to complain directly to the Department of State Health Services at any reasonable time. You have a right to get a copy of these rights before you are treated, including the Department's address and phone number. You have the right to have your rights explained to you in simple terms.

Privacy & Rights

Patients Access to PHI

Patient Access to Health Information

A patient may, inspect and obtain a copy of his or her information maintained in his or her records through a written request to the privacy officer. A decision to grant the patient or the patient's personal representative will be made within 30 days of the date on which the request was submitted. Restriction to access may include the following:

- Therapy notes will not be made available to the patient unless approved by the treating clinician or successor.
- Information compiled in anticipation of, or for use in, legal proceedings unless required by law or court order.
- Information that, by law, may not be disclosed to the patient.
- Information will not be made available if the patient's physician believes that it is likely to endanger the life of physical safety of the patient, the information is reasonably likely to cause substantial harm to a person other than the patient who is referenced in the patient records, or reasonably likely to cause harm to the Patient or another person.
- Approval or denial of request will be documented in writing and placed in the patient record. GPC will charge a flat fee of \$15 plus \$.10 per page for copies of personal health information maintained by GPC.

Amendment of Health Information

A patient may request amendment of the information maintained by GENESIS PRIMECARE in the following records:

- The patient's medical record
- The patient's billing records
- Other records that contain protected health information used to direct treatment.

Acceptance or denial of the requested amendment will be attached to the record requested to be changed. If the patient disagrees in writing when notified that a request for amendment of protected information has been denied, the privacy officer will review it and will link the written request to the patient record. The written disagreement will accompany the original information when it is used or disclosed in the future.

A patient may request in writing to the privacy officer for an accounting of disclosures of PHI. If the patient received an accounting for which he or she was not charged during the preceding 12 months, he or she will be informed that GPC will charge \$15 for the second account. If the patient agrees to pay this fee, the accounting will be provided.

HIPAA Security Standards

GENESIS PRIMECARE has administrative procedures to safeguard the integrity, confidentiality, and availability of the patient information that it maintains electronically. Certification of security safeguards is performed by the designated Security Officer. Contingency planning, crucial analysis, data back-up plan, disaster recovery plan, emergency operation plan oversight is the responsibility of the Security Officer. Genesis PrimeCare will track and regularly conduct a review or audit of information system activity and security incidents.

Privacy & Rights

COMPLAINTS RELATING TO YOUR PRIVACY:

If you believe your privacy rights have been violated, you may file a complaint with GPC, or the Secretary of the U.S. Department of Health and Human Services. You may file a complaint with us by writing to:

**Genesis PrimeCare
Attention: Privacy Officer (Carla Roadcap)
P.O. Box 1326 Marshall, TX 75671**

You will not be penalized or retaliated against by GPC for filing a complaint.

Changes to this Notice:

We may change the terms of this Notice of Privacy Practices at any time. If we change the terms of this Notice, the new terms will apply to all of your health information, whether created or received by us before or after the date on which the Notice is changed. We will provide you with a copy of the revised notice upon request and we will post it in our facilities.

Additional Information:

If you have any questions or would like additional information about this Notice or GPC privacy practices, please contact:

**Genesis PrimeCare
Attention Quality Improvement Department
P.O. Box 1326 Marshall, TX 75671
903.938.1146**

"HealthCare for Everyone"
www.GenesisPrimeCare.org



Privacy & Rights

Language Assistance:

Language assistance services are provided to patients/clients as necessary and are free of charge. Patients/clients are not obligated to provide their own interpreter or translator.

ADA (AMERICANS WITH DISABILITIES ACT)

GPC complies with the requirements mandated by the Americans with Disabilities Act, which requires, in part, that our facilities be made accessible to all individuals with physical disabilities. If you are a patient/client with a disability, and need assistance, please contact any GPC staff member. We will make our best effort to work with you to ensure your special needs are met, if our existing arrangements do not meet your needs.

Patients Responsibilities & General Safety

Everyone has a role in making health care safe. That includes doctors, health care executives, nurses and health care staff. Health care organizations all across the country are working to make health care safe. As a patient, you can make your care safer by being an active, involved and informed member of your health care team.

GPC encourage you to do the following:

- If you don't understand, or you have questions or concerns please don't hesitate to let us know. It's your body and you have a right to ask questions.
- Be prepared to provide GPC with a complete medical history and about any care obtained outside of GPC.

Patients Responsibilities & General Safety

- Educate yourself about your illness. Learn about the medical tests you get, and your treatment plan. (your patient portal will be an excellent tool for this task)
- Ask a trusted family member and/or friend to be your advocate.
- Know what medicines you take and why you take them. Medicine errors are the most common health care mistakes.
- Use a clinic, hospital or other type of health care organization that has been carefully checked out. For example, The Joint Commission visits clinics to see if they are meeting the Joint Commission's standards.
- Participate in all decisions about your treatment. You are the center of the Health Care Team.

General Safety:

GPC is committed to providing a safe and clean facility for you. Your participation is required to help keep your children safe while here in the clinic. DO NOT allow them to wander around alone, to run, wrestle, and climb on tables or chairs, or open cabinets, drawers and doors. We are not able to provide supervision for your children while you are seeing a provider, so if possible please bring someone to assist with the children or plan to take them into the exam room with you when/if this is appropriate.

Help Avoid Mistakes with Your Medicine:

- Make sure you bring in all your medicines to each medical visit.
- Don't be afraid to tell your doctor that the medicine you are taking is making you feel bad.
- Ask questions about all new medications. If you're not well enough to do this, ask a friend or relative to help.

Patients Responsibilities & General Safety

Five Easy Things You Can Do to Prevent Infection:

- Wash your hands. Use soap and warm water if hands are visibly dirty or use alcohol based hand sanitizer.
- Make sure your health care providers have washed their hands and are wearing clean gloves. Don't be afraid to ask them if they washed hands.
- Cover your mouth and nose. Many diseases are spread through sneezes and coughs and germs can travel up to 3 feet or more!
- If you are sick, avoid close contact with others. Don't shake hands or touch others.
- Get shots to avoid disease and fight the spread of infections. GPC has vaccines available and recommends annual Flu Vaccines.

Smoking:

- In order to protect the health of our patients/clients and employees, all GPC facilities are non-smoking.

Weapons:

- State law prohibits the carrying of weapons (firearms, knives, etc.) on GPC centers premises.

Advance Directives

What are Advance directives?

Advance directives are legal documents which let you leave orders about your own health care in case you ever become unable to make decisions for yourself. Advance directives are designed to help you exercise your rights to make your own medical and health care decisions. You may use an advance directive to refuse treatment, but you may also request that all reasonable measures be used.

An advanced directive can be a:

Directive – written instruction from you to give, not give or withdraw life-sustaining treatment if you have a terminal or irreversible condition .

Medical power of attorney – designation of someone else (your spouse, family member or friend to make health care decisions for you if you lose the ability to decide for yourself

Out-of-hospital do not resuscitate order – written instruction signed by you and your doctor directing health care professionals in or out of the hospital, not to begin or continue certain life sustaining treatment. We cannot determine if a condition is terminal or irreversible in an emergent care setting. We will call 911 to provide transportation to the hospital.

If you make or change an advanced directive, you should give your physician and healthcare facility a copy to ensure your wishes will be honored. The form must be signed in front of two or more people (witnesses) over age 18. One of the witnesses may not be:

- Your spouse or a family member
- he person you chose to make decisions for you
- Your doctor or clinic employee
- Anyone named in your will or deed
- Mediators or people who have a claim against you

Advance Directives

You may request additional information and seek assistance from your attorney or your pastor. You should discuss your concerns or issues with these professionals and your family. Your physician may answer your questions regarding the meaning of certain life-sustaining or life-prolonging treatments.

You may also get copies of advanced directive forms from your hospital, a library, a bookstore or an office supply store.

If you would like more information about preparing an advanced directive, call the Texas Department of Aging and Disability Services at (512) 438-3011.

Please answer the question on the consent form asking whether you have an advanced directive, and if you do have one, provide a copy to your doctor or clinic.

There are example forms in your handbook to help get you started with initiating your Advance Directive. **See pages 39-45 in the “forms” section.**

Complaints, Grievances & Feedback:

We want to do our very best to make sure you receive the best care and services we can provide. Should we fail to meet your needs or expectations regarding any aspect of your care, please tell a GPC employee immediately about your concern. If you are not satisfied with the response, you may ask to speak with the Department supervisor who will make a notation of your complaint and will try to resolve the issue with you. If you still feel dissatisfied, you may ask to speak with an administrative Staff member and/or forward a formal written grievance to the GPC Administrator. If you are still dissatisfied, our administration will give you further options. Texas law gives you the right to file a complaint related to GPC services with:

**DEPARTMENT OF STATE HEALTH SERVICES
HEALTH FACILITY & LICENSURE CERTIFICATION DIVISION
1100 WEST 49TH STREET
AUSTIN, TEXAS 78756
1-800-248-4062**

Complaints, Grievances & Feedback:

Complaints regarding Physicians or Physician Assistants:

**TEXAS MEDICAL BOARD
1-800-248-4062**

**Complaints regarding Advanced Nurse Practitioners:
THE TEXAS STATE BOARD OF NURSE EXAMINERS
1-512-305-7400**

**Complaints regarding Practice of Dentistry:
STATE BOARD OF DENTAL EXAMINERS

1-800-821-3205**

We appreciate any feedback our patients give us so that we can make changes to better serve you and your community. At GPC, we take your health and rights as a patient very seriously and want to know whether we meet your expectations for care.

If you have a question, comment or concern, you may communicate it with us by:

- **Calling your local GPC (see page 7 for GPC Health Center's listing)**
- **Filling out a CAHPS survey (Consumer Assessment of Health Providers & Systems)**
- **Ask our Staff for a Patient Survey Card!!**



Patient Treatment Agreement



Patient Name: _____ Date: _____

As a participant in my medical treatment, I understand and agree to the following:

1. I understand that the program is a health prevention program, as well as, providing acute health care when I am sick. A yearly wellness appointment is required.
2. I agree to supply accurate and complete information whenever possible to my provider regarding all factors and changes affecting my health status and inform them of any changes in my health history.
3. I agree to cooperate with those providing care.
4. I agree to conduct myself in a courteous manner in the provider's office. I agree to not be verbally or physically abusive to the Genesis PrimeCare personnel.
5. I agree to keep, and be on time to, all my scheduled appointments. I understand that after three consecutive no-shows in six months, I am placed on a walk-in only list.
6. I agree to arrive at Genesis PrimeCare ten minutes in advance of the appointment so that all necessary papers can be completed with the patient or representative prior to the visit with the provider. I agree to inform my provider at Genesis PrimeCare of the need to cancel a scheduled visit promptly, preferably 48 hours prior to the visit.
8. I understand that arriving at Genesis PrimeCare more than 15 minutes late for an appointment means the provider may not be able to see the patient. It will be considered a missed appointment and it may be rescheduled.
9. I agree to inform Genesis PrimeCare of any changes affecting the financial status and/or need for service.
11. I agree to comply with Genesis PrimeCare policies and procedures concerning care.
12. I agree to participate in the development of a care plan and follow through on the prescribed treatment.

At Genesis PrimeCare we will coordinate your care across our multiple settings. We will provide the appropriate education concerning your care and when possible provide you with helpful tools to encourage healthy results. If you do not have a Primary Care Provider, we can assist you with your selection and make sure you are given the option of several providers. Your commitment to the above statements will allow us to continue serving you and your family in a manner that is conducive to positive and healthy outcomes.



I understand that violations of the above may be grounds for termination of treatment.

The above agreement has been explained to me _____

I agree to its terms so that _____ can provide quality Medical care.

Patient's/Guardian/ Family Representative signature _____

Date _____

Witness's Signature _____

Date _____

Agreement Reviewed: Date: _____ Initials _____

Agreement Reviewed: Date: _____ Initials _____

"HealthCare for Everyone"

www.GenesisPrimeCare.org



NOTES

Notes from your visit at GPC

Questions you have for your GPC provider _____

1.

2.

3.

4.

What did Your GPC Provider instruct you to do?

1.

2.

FORMS

GENESIS PRIMECARE

Authorization and Acknowledgement Form

◇ Ellington

◇ Marshall Clinic ◇ Texarkana Clinics

AUTHORIZATION TO BE TREATED BY A: PHYSICIAN ASSISTANT OR NURSE PRACTITIONER

I consent to be treated by a Physician Assistant / Nurse Practitioner. I understand that a Physician Assistant/ Nurse Practitioner are NOT a physician. They are a graduate of a certified training program and are licensed by the State Board. Under the supervision of a physician, they can diagnosis, treat and monitor common acute and chronic disease as well as provide health maintenance care. "Supervision" does not require the constant physical presence of a supervision physician, but rather overseeing the activities of and accepting responsibilities for the medical services provided. I understand that I can at anytime request to see a physician for my health care needs.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES AND PERMISSION FOR DISCLOSURE TO FAMILY, FRIENDS OR CAREGIVERS

I hereby acknowledge that I have received and reviewed the privacy notice of Genesis PrimeCare. I understand that my claim may be filed electronically. I hereby authorize Genesis PrimeCare to release information from my medical record to the extent necessary for payment and obtain reimbursement. In the event, emergency medical treatment is necessary, I further authorize Genesis PrimeCare to obtain copies of my medical record from this clinic or another facility by use of this written request or a telephone request. A photocopy of this release is as valid as the original. I hereby authorize any relevant health information to be given to:

Please mark and list the names of those to whom we may release relevant health information to:

_____	_____	Relation: Spouse
	Name	
_____	_____	Relation: Other Family Member
	Name	
_____	_____	Relation: Care Giver
	Name	
_____	_____	Relation: Personal Friend / Pastor
	Name	
_____	_____	Relation: _____
	Name	

ADVANCED HEALTH CARE DIRECTIVES

ADVANCED HEALTH CARE DIRECTIVES

I _____, recognize that the best health care is based upon a partnership of trust and communication with my physician. My physician and I will make health care decisions together as long as I am of sound mind and able to make my wishes known. If there comes a time that I am unable to make medical decisions about myself because of illness or injury, I direct that the following treatment preferences be honored:

If, in the judgement of my physician, I am suffering with a terminal condition from which I am expected to die within six months, even with available life-sustaining treatment provided in accordance with prevailing standards of medical care:

_____ I request that all treatments other than those needed to keep me comfortable be discontinued or withheld and my physician allow me to die as gently as possible;

OR

_____ I request that I be kept alive in this terminal condition using available life-sustaining treatment. **(This selection does not apply to Hospice care.)**

If, in the judgement of my physician, I am suffering with an irreversible condition so that I cannot care for myself or make decisions for myself and am expected to die without life-sustaining treatment provided in accordance with prevailing standards of medical care:

_____ I request that all treatments other than those needed to keep me comfortable be discontinued or withheld and my physician allow me to die as gently as possible;

OR

_____ I request that I be kept alive in this irreversible condition using available life-sustaining treatment. **(This selection does not apply to Hospice care.)**

Additional Requests: (After discussion with your physician, and or family members, you may wish to consider checking specific requests in this space that you do or do not want if you have a terminal or irreversible condition and can no longer communicate your wishes). Initial the statements that match what you would desire. If you do not initial a statement, then you are leaving your medical power of attorney to decide. There is room to make additional requests at the end of this document.) Only initialed statements are endorsed and indicate my desires. Statements made in this section override those made in the prior section.

_____ I request that if my heart should stop beating and my lungs should stop breathing that no efforts at resuscitation should be made

OR

_____ I request that if my heart should stop beating and my lungs should stop breathing that all resuscitation efforts should be made.

_____ I request that if clinically appropriated and offered by my physician, artificial nutrition and hydration be withheld or remove

OR

_____ I request that if clinically appropriated and offered by my physician, artificial nutrition and hydration always be given.

_____ I request that if clinical appropriate and offered by my physician, intravenous antibiotics be withheld or removed

OR

_____ I request that if clinical appropriate and offered by my physician, intravenous antibiotics be given

_____ I request that if clinically appropriate and offered by my physician, dialysis be withheld or removed
OR

_____ I request that if clinically appropriate and offered by my physician, dialysis be given

_____ I request that if clinically appropriate and offered by my physician, blood and blood products be withheld or re-
moved
OR

_____ I request that if clinically appropriate and offered by my physician, blood and blood products be given

_____ I request that if clinically appropriate and offered by my physician, respiratory support should be withheld or with-
drawn
Or

_____ I request that if clinically appropriate and offered by my physician, respiratory support should be given.

_____ If there is a clinical experiment which has a chance of benefiting me, then I give my decision maker permission to
consent for my participation.

OR
_____ If there is a clinical experiment which has no chance of benefiting me, then I give my decision maker permission
to consent for my participation.

_____ I request that if clinically appropriate and offered by my physician, surgery intended to prolong my life (as op-
posed to be palliative or provide comfort) should not be done
OR

_____ I request that if clinically appropriate and offered by my physician, surgery intended to prolong my life (as op-
posed to be palliative or provide comfort) should be done

_____ Quality of life is more important to me than quantity.
OR

_____ Quantity of life is more important to me than quality.

_____ I wish to be free from pain even if it shortens my life.



MEDICAL POWER OF ATTORNEY DESIGNATION OF HEALTH CARE AGENT

Medical Power Of Attorney

Designation of Health Care Agent:

I, _____ (insert your name) appoint:

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone: _____

Email: _____

as my agent to make any and all health care decisions for me, except to the extent I state otherwise in this document. This medical power of attorney takes effect if I become unable to make my own health care decisions and this fact is certified in writing by my physician.

Limitations On The Decision Making Authority Of My Agent Are As Follows:

Designation of an Alternate Agent:

(Note: You are not required to designate an alternate agent but you may do so. An alternate agent may make the same health care decisions as the designated agent if the designated agent is unable or unwilling to act as your agent. If the agent designated is your spouse, the designation is automatically revoked by law if your marriage is dissolved.) If the person designated as my agent is unable or unwilling to make health care decisions for me, I designate the following person(s), to serve as my agent to make health care decisions for me as authorized by this document, who serve in the following order:

First Alternate Agent

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone: _____

Second Alternate Agent

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone: _____

The original of the document is kept at: _____

The following individuals or institutions have signed copies:

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone: _____

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone: _____

Duration

I understand that this power of attorney exists indefinitely from the date I execute this document unless I establish a shorter time or revoke the power of attorney. If I am unable to make health care decisions for myself when this power of attorney expires, the authority I have granted my agent continues to exist until the time I become able to make health care decisions for myself.

(If Applicable) This power of attorney ends on the following date: _____

Prior Designations Revoked

I revoke any prior medical power of attorney.

Acknowledgement of Disclosure Statement

I have been provided with a disclosure statement explaining the effect of this document. I have read and understand the information contained in this disclosure statement.

(You Must Date and Sign This Power of Attorney)

I sign my name to this medical power of attorney on day of _____ day

Of _____ (month, year) at

(City and State)

(Signature)

(Print Name)

OPTION 1. Two competent adult witnesses must sign below.

STATEMENT OF FIRST WITNESS.

I am not the person appointed as agent by this document. I am not related to the principal by blood or marriage. I would not be entitled to any portion of the principal's estate on the principal's death. I am not the attending physician of the principal or an employee of the attending physician. I have no claim against any portion of the principal's estate on the principal's death. Furthermore, if I am an employee of a health care facility in which the principal is a patient, I am not involved in providing direct patient care to the principal and am not an officer, director, partner, or business office employee of the health care facility or of any parent organization of the health care facility.

Signature: _____

Print Name: _____ Date: _____

Address: _____

City: _____

State: _____

Zip Code: _____

SIGNATURE OF SECOND WITNESS

Signature: _____

Print Name: _____ Date: _____

Address: _____

City: _____

State: _____

Zip Code: _____

OPTION 2. Witnessed by a notary public. As of September 1, 2009, Texas allows witnessing by a notary public instead of two witnesses.

State of Texas; County of _____

Before me, _____ [insert name of notary], on

This day personally appeared _____ [insert

Name of signer], known to me (or proved to me on the oath of _____

[insert witness name]) or through _____

_____ (description of identity card or other document) to be the person whose name is

subscribed to the foregoing instrument and acknowledged that he executed Given under my hand and seal of office

this _____ day of _____, _____ [year].

(Personalized Seal)

(Notary Public's Signature)



Other requests: _____

After signing this directive, if my representative or I elect hospice care, I understand and agree that only those treatments needed to keep me comfortable would be provided and I would not be given available life-sustaining treatments.

If I have not designated a medical power of attorney, I understand that a spokesperson will be chosen for me following standards specified in the laws of Texas.

If, in the judgment of my physician, my death is imminent within minutes to hours, even with the use of all available treatment provided within the prevailing standard of care, I acknowledge that all treatments may be withheld or removed except those needed to maintain my comfort. (applies only if initialed)

OR

If, in the judgment of my physician, my death is imminent within minutes to hours, even with the use of all available treatment provided within the prevailing standard of care, I still wish that all efforts be made to sustain my life (applies only if initialed).

I understand that under Texas law this directive has no effect if I have been diagnosed as pregnant. This directive will remain in effect until I revoke it. No other person may do so.

Signed _____ Date _____
City, County, State of Residence _____

Two competent adult witnesses must sign below, acknowledging the signature of the declarant. The witness designated as Witness 1 may not be a person designated to make a treatment decision for the patient and may not be related to the patient by blood or marriage. This witness may not be entitled to any part of the estate and may not have a claim against the estate of the patient. This witness may not be the attending physician or an employee of the attending physician. If this witness is an employee of a health care facility in which the patient is being cared for, this witness may not be involved in providing direct patient care to the patient. This witness may not be an officer, director, partner, or business office employee of a health care facility in which the patient is being cared for or of any parent organization of the health care facility.

WITNESS 1: _____
Print Name

Signature

WITNESS 2: _____
Print Name

Signature



AUTHORIZATION TO RELEASE PATIENT HEALTH INFORMATION

The fee for providing a copy of your medical record release is \$25 for the 1st 20 pages and .50 each page thereafter

(Revised 1/28/2015)

Patient Name _____ Date of Birth ____/____/____

Contact Numbers () _____ () _____

I authorize the following organization to release information as stated below from the patient health information record:

INFORMATION TO BE RELEASED FROM:

INFORMATION TO BE RELEASED TO:

Organization /Person

Organization/Person

Street Address

Street Address

Phone Fax#

Phone Fax#

PURPOSE OF RELEASE

☐ Continuing Care ☐ Transfer to another provider ☐ Lab Reports ☐ X-rays or EKG ☐ School

AUTHORIZATION FOR GENERAL RELEASE OF INFORMATION

I Understand that:

- Authorizing the disclosure of this healthcare information is voluntary. I do not need to sign this form in order to assure treatment or payment.
- I can cancel this authorization at any time by written notification to Genesis Prime Care. I understand that once the information has been released according to the terms of this authorization, the information cannot be recalled.
- Any disclosure of information carries with it the potential for further releases or distribution by the recipient that may not be protected by confidentiality laws.

This authorization will expire 6 months from the dates signed below unless another date or event is entered here _____.

I understand that my medical record **May** contain reference to, or results of: HIV antibody (AIDS) testing or treatment for sexually transmitted communicable diseases, psychiatric disorders/mental health, or drug and/or alcohol use. I further authorize the release of such confidential information to the indicated party. I understand that my medical records **May** contain copies of information from another healthcare facility or provider and I authorize the release of information to the indicated party.



AUTHORIZATION TO RELEASE PATIENT HEALTH INFORMATION

SIGNATURE OF PATIENT / LEGAL REPRESENTATIVE

DATE

SIGNATURE OF PARENT OR AUTHORIZED LEGAL REPRESENTATIVE

DATE

WITNESS SIGNATURE

GPC Administration: Medical Record Department—Cathy Simmons
P.O.BOX 1326 MARSHALL, TX 75761 P(903) 927-13782 F(903)927-1764

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