



PATIENT PROCEDURE INFORMATION PACKET

Welcome

Thank you for choosing Texas Midwest Endoscopy Center for your gastrointestinal endoscopic services. Our Center offers “state of the art” equipment, “pain free” endoscopic procedures, and skilled staff who provide professional care in a warm and caring environment. We are dedicated to providing expert services that accommodate the needs of individual patients.

This booklet consists of forms and information that you must know prior to your procedure. Please review it in advance of the date of procedure.

Our Mission

Texas Midwest Endoscopy Center (TMEC) Will Operate In An Efficient Manner While Providing High Quality, Compassionate Care So Our Patients Can Continue To Lead Active Lives.

Our Vision

Texas Midwest Endoscopy Center Will Be The Facility Of Choice For High Quality, Safe Surgical Care.

Texas Midwest Endoscopy Center, LLC

PATIENT INFORMATION

Name: _____ Today's Date: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____ Cell: _____ Date of Birth: _____ Sex: _____

Marital Status: _____ Social Security No: _____ E-mail: _____

If you have been seen here before, under what name? _____

Employed: Y N (If yes) Full-time Part-time Self Retired Military Occupation: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

RESPONSIBLE PARTY/PARENT/SPOUSE

Name: _____ Relationship: _____

Occupation: _____ Employer: _____

Employer's Address: _____ Telephone: _____

Social Security No: _____ Date of Birth: _____

PRIMARY INSURANCE INFORMATION:

Insurance Company: _____ Policy No: _____

POLICY HOLDER INFO: _____ Group No: _____

Name: _____ Social: _____

DOB: _____ Relationship to Patient: _____

Employer and Address: _____

SECONDARY INSURANCE INFORMATION:

Insurance Company: _____ Policy No: _____

POLICY HOLDER INFO: _____ Group No: _____

Name: _____ Social: _____

DOB: _____ Relationship to Patient: _____

Employer and Address: _____

We will need a copy of your insurance cards and driver's license.

PLEASE READ AND SIGN BELOW

I hereby authorize the physicians and staff of Texas Midwest Endoscopy Center, LLC to perform procedure as necessary to assess and diagnose my condition properly, and such treatments as may be prescribed by my attending physician during any and all visits to Texas Midwest Endoscopy Center, LLC. I understand that I am financially responsible for ALL charges arising from services rendered to me by TMEC, LLC.

Signature: X _____ Date: _____

DIRECTIONS TO OUR OFFICE

Texas Midwest Endoscopy Center is located North of Antilley Road, just 1 block West from Abilene Regional Medical Center. WE ENCOURAGE YOU TO USE GPS.

From I-20 E: Take exit 279 for I-20 BUS E/US-84 E toward Abilene, Continue onto I-20BL E/US-84 E, Turn right onto US-84 E (signs for US-277 S/Ballinger/Coleman/San Angelo), Take the ramp onto US-83 S/US-84 E, Merge onto US-83 S/US-84 E, Take the exit toward Antilley Rd, Merge onto S Clack St, Keep right to stay on S Clack St, Turn right onto Antilley Rd, Turn right onto Hospital Dr, Continue to the end of the road which loops around to the left, Destination will be on the right.

From I-20 W: Take exit 292A on the left toward Abilene, Merge onto E Hwy 80, Turn left to merge onto TX-322 Loop S toward Airport, Merge onto TX-322 Loop S, Take the US-83 S exit toward US-84 E/Ballinger/Coleman, Keep left to continue toward S Clack St, Keep right, follow signs for Antilley Rd and merge onto S Clack St, Merge onto S. Clack St, Keep right to stay on S Clack St, Turn right onto Antilley Rd, Turn Right on Hospital Dr, Continue to the end of the road which loops around to the left, Destination will be on the right.

From US 83 N/US 84 W: Take the Antilley Rd exit, Keep right to continue toward Antilley Rd, Turn left onto Antilley Rd, Turn right onto Hospital Dr, Continue to the end of the road which loops around to the left, Destination will be on the right.

From US-83 S/US-84 E: Take the exit toward Antilley Rd, Merge onto S Clack St, Keep right to stay on S Clack St, Turn right onto Antilley Rd, Turn right onto Hospital Dr, Continue to the end of the road which loops around to the left, Destination will be on the right.



Disclosure Information

The physicians affiliated with this Center share a partner ownership and a financial interest in Texas Endoscopy Center, LLC. We respect the patient's rights to choose whether to have their procedure performed at Texas Midwest Endoscopy Center or another facility. You are encouraged to discuss your concerns with your attending physician.

Preparing For Your Procedure

1. Follow the pre-procedure instructions received at your physician's office. Make sure to read these instructions a few days before the procedure.
2. Prepare to disclose a detailed health history. This information will assist the anesthesia team in providing quality care and in administering safe anesthesia.
3. Patients who have high risk medical conditions should schedule the procedure at the hospital.
High risk medical conditions:
 - a. Recent heart attack within the last 6 months.
 - b. Pregnancy or suspect you may be pregnant.
 - c. Blood sugar > 300
 - d. Routine ongoing blood pressure greater than 180/100
 - e. BMI >47 (This is an estimate of body fat based on height and weight).
4. Arrange for transportation. Anesthesia received during procedure may cause conditions that render driving unsafe. You must arrange a responsible adult to drive you home. Do not attempt to drive until the day following your procedure. Avoid making any critical decisions and do not operate any machinery until the next day. There is absolutely no walking from the facility after receiving sedation. Public transportation such as metro, bus, or subway is not acceptable. You may go home in taxi ONLY if an adult is present to accompany you, or if you obtain permission from your physician. The responsible driver must report to the reception area prior to administration of anesthesia. The responsible driver is required to sign the discharge form for resuming the patient care responsibility after leaving the Center.
5. Prepare a list of your current medications.
6. Payment, proof of ID and current address: Ensure to bring the following listed items with you, including patient driver license / picture ID, proof of current address, valid insurance card and payment (co-payment, coinsurance, payment, deductible).
7. Review the attached sample forms from this booklet before the procedure date (informed consent, authorization form, Ownership and Financial interest disclosure form, advanced directive information, Patient's rights and responsibilities and HIPAA Omnibus privacy notice)
8. Complete our 'Patient's demographic & HIPAA disclosure forms'. Bring the completed forms to the Endoscopy Center on the day of the procedure.
9. Advance Directive: An Advanced Directive is a legal document that tells what a person wants or does not want if he/she cannot make his/her wishes known about medical treatment in the future. If you have an Advance Directive/Living Will, please submit a copy of the signed documents for our record. If an advance directive is not available, the patient will be cared for to the full extent of ACLS standards. Information on Advance Directive can be obtained from Texas Attorney General's Office.
10. Courtesy calls from our staff. Unless requested by you in writing, our staff will call your home or work phone numbers within our hours of operation, to review the procedure instructions, and the fee schedule. If you are not available, a message will be left instructing you to call the Center as soon as possible.
11. Update your contact information ASAP: To ensure effective communication, be sure to update your contact information including your home address, your day time telephone number, and your health insurance information with your physician's office.
12. Allow adequate time for your visit. You are encouraged to arrive 30 minutes earlier than your procedure time. The estimated total stay time should be around 2 to 3 hours. We work very hard to minimize your waiting time. Unless it is instructed by the staff of Texas Midwest Endoscopy Center, you are encouraged to arrive at the time listed in front of this brochure. Please contact us at 325-795-0053 in advance in case you are running late. We may not be able to keep your appointment for any late arrival.
13. Cancellation: If you are thinking of canceling your procedure, notify your physician's office at least 48 hours in advanced.
14. Inclement weather: Depending on the road condition and State recommendation, the Center will be opened with limited operation. You are recommended to utilize your own judgment. The road safety is the key concern. You and your responsible drive's safety come first. Our staff and /or the physician's office will contact you ASAP if the Center is closed. Please ensure to update your emergency contact information. You may also log onto our website or call the office at 325-795-0053 or 325-795-2100 for updates.
15. Infection control and transmission of contagious disease prevention. Medical Conditions including infectious diarrhea, active tuberculosis (TB), MRSA infection, Ebola, infectious skin disease, scabies, acute Flu, acute upper respiratory infection could be contagious. Patients who have active infectious medical conditions require special controlled environment and barrier care. Therefore, the procedure should be performed in the hospital. Please discuss or direct your questions and report your medical condition to our Infection Control Nurse at 325-795-0053 prior to arrival to the Center.

Arrange for a responsible adult driver to be present at the Endoscopy Center before the procedure and to drive you back home after the procedure.

YOU WILL RECEIVE SEDATION FOR YOUR PROCEDURE:

- ~ The sedation may cause conditions that render driving unsafe. The sedation works like alcohol. It impairs your judgment for several hours. Until your body completely metabolizes the medication and depending on the individual body response, you may not respond as 'sharp' as your normal being. It can usually take up to 24 hours.
- ~ Since you will be fasting for the procedure, your energy level may be lower on the procedure day. You may be slightly dehydrated from the bowel preparation that you will be taking on the day before the procedure. Your body will need several hours to rebuild its energy level.
- ~ Most patients tend to drop their blood pressure to the borderline of their usual range after they receive sedation. Standing too long may cause dizziness, nausea, or discomfort.

Please follow the instructions listed below:

- Do Not Drive or attempt to operate machinery until tomorrow.
- Have someone drive you to the Endoscopy Center. Do not drive yourself to the Center.
- Our pre-procedure staff is required to validate your responsible 'ride' at the time of admission.
- If your responsible 'ride' person is absent at the time of validation, he/she must come back to the Center before anesthesia is administered to you. Failure of your responsible "ride" to appear in person will cause an unexpected delay or cancelation of your procedure.
- Your responsible ride is required to sign the discharge release form for you prior to leaving the Center.
- Sedated patients will be discharged only in the care of a responsible adult.
- If you choose to take a taxi home, you will need a responsible adult to stay at the Center for your entire procedure, and they will need to ride in the taxi with you.
- If you have any transportation problems, please notify the Texas Midwest Endoscopy Center.
- Avoid making critical decisions or signing legal documents until the next day.
- Do not attempt to leave your vehicle at the parking lot of the building complex. Texas Midwest Endoscopy Center will not be responsible for any loss or damage to the vehicle.
- DO NOT smoke on the day of your procedure. (This includes recreational drugs such as Marijuana.)
- DO NOT chew gum on the day of your procedure
- Please re-read your prep instructions that were given to you from the physician's office.
- Be sure to inform your physician if you are on any weight loss medication such as Phentermine.

Screening vs. Diagnostic vs. Surveillance Colonoscopy

Colonoscopy Categories:

The Affordable Care Act allows for several preventive services, such as colonoscopies, to be covered at no cost to the patient. However, there are strict guidelines used to determine which category of colonoscopy can be defined as a preventive service (screening vs. diagnostic). These guidelines may exclude those patients with a history of gastrointestinal issues from taking advantage of the procedure at no cost.

Although your primary care provider may refer you for a “screening” colonoscopy, you may not qualify for the “preventive colonoscopy screening” category. You are required to make a pre-payment to our office, as insurance companies do not guarantee payment of services. Once insurance pays on your account, if you prepaid more than your portion, please contact our office at 325-795-2100, and we will put in a request for reimbursement directly to you.

Diagnostic/Therapeutic Colonoscopy – Patient has present gastrointestinal symptoms, colon polyps or gastrointestinal disease, such as abdominal pain, constipation, diarrhea, blood in stool, anemia, bleeding, etc. requiring evaluation or treatment by colonoscopy.

Surveillance/High Risk Colonoscopy – Patient is asymptomatic (no present gastrointestinal symptoms) and has a personal history of gastrointestinal disease (such as diverticulitis, Crohn’s disease or ulcerative colitis), colon polyps and/or cancer. Patients in this category are required to undergo colonoscopy surveillance at shortened intervals.

Preventive Colonoscopy Screening – Patient is asymptomatic (no present gastrointestinal symptoms), is 45+ years old, has a family history of colon cancer from a blood related first-degree family member, and has no personal history of gastrointestinal disease, colon polyps and/or cancer. Patients in this category have not undergone a colonoscopy within the last 10 years. Some experts suggest that African-Americans should begin their screening at age 45, since they are at a higher risk for developing cancer than other populations.

Screening colonoscopy – if the health plan offers screening benefits, it will be covered at no cost to the patient; however, since insurance companies do not guarantee payment and are the ones who make the final determination on whether it is actually a screening colonoscopy or not, we do require the patient to pre-pay in advance of the procedure based on their remaining deductible and co-insurance.

Diagnostic or surveillance colonoscopy - patients may be required to pay co-insurance, deductibles, and/or co-payments.

YOUR RIGHTS

The observance of the following guidelines will provide more effective patient care and greater satisfaction for the patient, the physician and the individuals that make up the office organization. It is in recognition of these factors that these rights are affirmed.

- To be treated with respect, consideration, and dignity; cultural, psychosocial, spiritual, personal values, beliefs, and preferences will be respected and care will be given in a safe setting. Patients with vision, speech, hearing, language and cognitive impairments have the right to effective communication.
- To receive from his/her physician information necessary to give informed consent prior to the start of any procedure and/or treatment. Except in emergencies, such information for informed consent should include but not necessarily be limited to the specific procedure and/or treatment, the medically significant risks involved, and the probable duration of incapacitation. Where medically significant alternatives for care or treatment exist, or when the patient requests information concerning medical alternative, the patient has the right to know the name of the person(s) responsible for the procedures and/or treatment as well as the person(s) responsible for their sedation and anesthesia.
- To be provided every consideration of his/her privacy concerning his/her medical care program. Case discussion, consultation, examination, and treatment are confidential and should be conducted discreetly. The patient has the right to expect that all communications and records pertaining to his/her care should be treated as confidential. Those not directly involved in his/her care must have permission of the patient to be present.
- To obtain from the physician complete current information concerning his/her diagnosis, treatment, and prognosis in terms the patient can be reasonably expected to understand. The patient has the right to be involved in decisions about their care, treatment and services and the patient has the right to have their pain assessed, managed, and treated as effectively as possible.
- To, inform the patient's family, when appropriate, of unanticipated outcomes of care, treatment, and services that relate to sentinel or adverse reviewable events.
- To expect that within its capacity, this ambulatory facility must provide evaluation, service and/or referral as indicated by the urgency of the case. When medically permissible, a patient may be transferred to another facility after he/she has received complete information and explanation concerning the needs for and alternatives to such a transfer.
- To obtain information as to any relationship of this facility to other health care and educational institutions insofar as his/her care is concerned. The patient has the right to

obtain information as to the existence of any professional relationships among individuals, by name which is treating him/her.

- The patient has the right to expect reasonable continuity of care. The patient has the right to expect that this facility will provide a mechanism whereby he/she is informed by his physician of the patient's continuing health care requirements following discharge.
- To, if a patient is adjudged incompetent under applicable State health and safety laws by a court of proper jurisdiction, affirm the rights of the patient are exercised by the person appointed under State law to act on the patient's behalf. Such a family member or surrogate must prove legal authority to represent the patient via legal guardianship, proof of health care proxy or power of attorney. Proof of legal authority must be presented before treatment is rendered.
- To, additionally if a State court has not adjudged a patient incompetent; allow any legal representative designated by the patient in accordance with State law may exercise the patient's rights to the extent allowed by State law. • To know the mechanisms for grievance as well as suggestions.
- To change their choice of physicians.
- To refuse care, treatment, and services in accordance with law and regulations.
- To dispute information in their medical record
- To examine and receive an explanation of his/her bill and to expect ethically billing practices
- To exercise all rights without discrimination or reprisal, abuse or harassment.

YOUR RESPONSIBILITIES

- To provide the physician with the most accurate and complete information regarding present complaints, past illnesses, hospitalizations, medications, allergies and unexpected changes in his/her condition.
- To ask questions when they do not understand what they are told or what they are expected to do.
- If the plan of care is agreed upon, the patient has the responsibility to follow the plan of care or express concerns with compliance. The patient and family are responsible for following the preoperative and post discharge care plan. The patient and family are responsible for the outcomes if they do not follow the care plan.
- The patient is responsible to provide an adult to transport him/her home from the facility and remain with him/her for 24 hours, if required by his/her physician.
- The patient is responsible to inform his/her physician about any living will medical power of attorney, or other directive that may affect his/her care.
- The patient and family are responsible for following the practice's rules and regulations concerning patient care and conduct.
- Patients and families are responsible for being considerate of the practice's staff and property.
- The patient and family are responsible for promptly meeting any financial obligation agreed upon with the practice.

TMF Health Quality Institute is the Quality Improvement Organization (QIO) for people with Medicare in Texas.

TMP works to protect Medicare patient's rights and improve the quality of health care in Texas.

TMF Health Quality Institute
Review and Compliance
Bridgepoint I, Suite 300
5918 West Courtyard Drive
Austin Texas 78730-5036

To file a quality of care complaint, call: 1-800-725-8315

Web Site: www.peoplewithmedicare.org

You may contact the following individual and/or organization for any complaints, problems, and grievance.

1. Texas Midwest Endoscopy Center
Attn: Medical Director
14 Hospital Drive, Suite B
Abilene, Tx 79606
(325) 795-0053

OR

2. Health Facility Compliance Group (MC 1979)
Texas Department of State Health Services
PO Box 149347
Austin, Texas 78714-9397
(512) 834-6653 (fax)
(888) 973-0022 (Complaint Hotline)

http://www.dshs.state.tx.us/hfp/complain_HFlicensing.shtm
(for website information or to download a complaint form)

THE WEBSITE FOR THE OFFICE OF MEDICARE BENEFICIARY OMBUDSMAN.
<http://www.medicare.gov/claims-and-appeals/medicarerights/get-help/ombudsman.html>

Texas Midwest Endoscopy Center, LLC

Make a suggestion: If you have a suggestion, please place this in writing and hand to the Front Office Specialist or mail it to the office.

Play a part in your care: We encourage all patients to be actively involved in their care, so please speak up and ask questions of anyone in this organization.

Please be advised that no punitive or discriminatory action will be taken against you should you choose to exercise your patient’s rights.

Additionally, please be advised that this organization does not recognize Do Not Resuscitate orders or Living Wills based on organizational conscientious objection which is allowed by: the State of Texas. Texas Midwest Endoscopy Center, LLC will always attempt to resuscitate a patient and transfer that patient to a hospital in the event of deterioration along with the copy of the advanced directives if available.

If desired you, the patient may wish to delegate your right to make informed decisions to another person, even though you are not incapacitated. To the extent permitted by State law, our organization will respect such delegation. If you have any questions, please see the the Front Office Specialist. If you have a living will or other directive that you would like us to keep a copy of please provide us with a copy of that directive.

Please inform us if you would like information on Advanced Directives.

Infection Control: This practice educates staff upon hire and annually thereafter in hand hygiene and we follow the CDC and APIC guidelines for hand hygiene. We encourage staff to stay home when they are sick. We provide tissues and garbage cans throughout the facility and encourage everyone to cover their mouth when coughing or sneezing and then wash their hands.

Should you have a procedure or surgery in this organization we want you to know that we value patient safety. Therefore you may hear us performing certain tasks or asking certain questions that may surprise you. We will ask you identifying information such as your date of birth or your address besides asking you to tell us your name. We take a pause or a “time out” before we actually start your procedure to assure once again that we have everything that we need and the entire team is in agreement. Only the physician performing your procedure and yourself will mark your surgical site. This organization adheres to strict infection control measures before, during, and after your procedure including but not limited to: procedural technique, the environment of care, care of equipment and instruments, and education of all staff in the most up to date infection control measures.

- I have received information regarding the providers of care in this organization, a copy of the Patient’s Bill of Rights and Responsibilities, and information regarding the grievance process.

Patient/ or Authorized Representative

Date

Texas Midwest Endoscopy Center Witness

Texas Midwest Endoscopy Center, LLC

Release of Information: Texas Midwest Endoscopy Center, LLC may disclose all or any part of my medical record including verbal information and may provide bills/invoices to: 1) any persons, corporation, agency or their authorized representative who may be liable under a contract to Texas Midwest Endoscopy Center, LLC, 2) Me or my family members for all or part of the Center's charges including but not limited to: hospital or medical service companies, insurance or third-party payers, worker's compensation or my employer; and 3) any individual or entity designated as a guarantor or party responsible for payment of fees or health care services provided to me.

I understand and agree that the information I am authorizing regarding the release of information may include 1) HIV/AIDS test results, diagnosis, treatment and related information; 2) information about drug and alcohol use and treatment, and 3) mental health information.

I understand that I may revoke this authorization regarding the release of information at any time, by providing written notice to the Texas Midwest Endoscopy Center, LLC except to the extent that action has been taken in reliance on it. Unless earlier revoked, this authorization expires automatically 1 year from the date signed or 1 year after the last clinic visit or after all insurance or third party claims have been paid or satisfactorily resolved, whichever occurs last.

Release from Liability: I release and agree to not hold Texas Midwest Endoscopy Center, LLC, its agent's representatives, and employees liable associated with the release of confidential patient information in accordance with this authorization. I understand Texas Midwest Endoscopy Center, LLC cannot be responsible for use or re-disclosure of information by third parties.

Financial Responsibility and Assignment of Benefits: In consideration for receiving medical or health care services, I hereby assign my right, title and interest in all insurance, Medicare/Medicaid, or other third party payer benefits for medical or health care services otherwise payable to me to Texas Midwest Endoscopy Center, LLC physicians and/or Medical Practice Income Plan. I also authorize direct payments to be made by Medicare/Medicaid and/or my insurance company or other third-party payer, up to the total amount of my medical and health care charges, to Texas Midwest Endoscopy Center, LLC Medical Practice Plan. I certify that the information I have provided in connection with any application for payment by third-party payers, including Medicare/Medicaid is correct.

Page 1 of 2

I agree to pay all charges for medical and health care services not covered by or exceed the amount estimated to be paid by Medicare/Medicaid, my insurance company, or other third-party payers and agree to make payment as requested by Texas Midwest Endoscopy Center, LLC.

I certify this form has been fully explained to me, that I have read it or had it read to me, and that I understand its contents.

Acknowledgement of Patient’s Bill of Rights: I acknowledge that I have been given the opportunity to receive a copy of the Texas Midwest Endoscopy Center Patient Bill of Rights as required by Law.

Acknowledgement of Receipt of Notice of Privacy Practices: Notice to Patient: We are required to provide you with a copy of Notice of Privacy Practices which states how we may use and/or disclose your health information. By signing this form, you acknowledge receipt of the Notice. You may refuse a copy if you wish.

Patient Satisfaction Assessment: Consideration should be given to assessing patient satisfaction with the ambulatory surgery facility experience. This can be accomplished by telephone or questionnaire. Any quality assurance issues that arise should be addressed in the review of problem cases.

Audiovisual Recordings: I understand that the procedure may involve the taking and use of still photographs, motion pictures, videotapes, or closed circuit television.

Advance Directives: I have signed an Advance Directive ____ Yes ____ No

I have provided a signed copy to TMEC, LLC ____ Yes ____ No

(In the event of an emergency situation, Texas Midwest Endoscopy Center would attempt to resuscitate and transfer to the nearest hospital).

Patient/ or Authorized Representative

Date

Texas Midwest Endoscopy Center Witness



Release of Medical Information:

Please provide the names of family members and/or other physicians that Texas Midwest Endoscopy Center may release medical information to. Patient's release of information will be enforced until revoked in writing by the patient.

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Patient/ or Authorized Representative

Date

Texas Midwest Endoscopy Center Witness

Texas Midwest Endoscopy Center, LLC

ANESTHESIA HISTORY

Name: _____ Age: _____ DOB _____

Height: _____ Weight: _____

List ALL Allergies and Reactions to Medication or Food:

ALLERGIES (what you are allergic to)

What is the Reaction?

List All Surgical Procedures

Date

Have you had any reactions, allergic or otherwise, to the medications you received in the past during surgical procedures? If so what type of reaction? _____

Is there a family history of allergic reactions and or fevers during anesthesia? Y N

Is there a family history of sudden death during General Anesthesia? Y N

Do you smoke? Y N If so how much? _____

Do you drink Alcoholic Beverages? Y N If so, how many drinks a week? _____

Are you or could you be pregnant? Y N Date of last menstrual period: _____

Have you had a fever, infection, or taken antibiotics within the last two weeks? Y N

*If yes, what antibiotic, when did you start it, and for what reason? _____

Texas Midwest Endoscopy Center, LLC

Please Circle any Health Conditions That You Have

Asthma	Emphysema	Sleep Apnea Chronic Lung
Disease	High Blood Pressure	Heart Attack
Angina	Artificial Heart Valves	Mitral Valve Prolapse
Congestive Heart Failure	Irregular Heart Beat	Swelling of your lower leg
Poor Exercise Ability	Difficulty Opening Mouth	Stomach Ulcer Disease
Chronic Acid Reflux	Difficulty Swallowing	Intestinal Disorders
Kidney Disease	Liver Disease	Glaucoma
Easy Bruising/Bleeding	Hepatitis B	Chronic Pain
Stroke	Hepatitis C	Seizure Disorder
Cancer	HIV	Anemia
Muscle Diseases/Disorders	Diabetes Type 1	Nerve Injury
Thyroid Disease	Diabetes Type 2	MRSA

Other: _____

Primary Care Physician's Name: _____ Phone# _____

Other Physician's Name: _____ Phone# _____

Patient's Signature: _____ Date: _____

Nurse's Signature: _____ Date: _____

Notice of Privacy Practices

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

This practice uses and discloses health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. This notice describes our privacy practices. You can request a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly. For more information about this notice or our privacy practices and policies, please contact our privacy officer. The contact information is listed on page 4, under “Questions and Contact Person for Requests.”

Treatment, Payment, Health Care Operations

Treatment

We are permitted to use and disclose your medical information to those involved in your treatment. For example, when we provide treatment, we may request that your primary care physician share your medical information with us. Also, we may provide your primary care physician information about your particular condition so that he or she can appropriately treat you for other medical conditions, if any.

Payment

We are permitted to use and disclose your medical information to bill and collect payment for the services provided to you. For example, we may complete a claim form to obtain payment from your insurer or HMO. The form will contain medical information, such as a description of the medical service provided to you, that your insurer or HMO needs to approve payment to us.

Health Care Operations

We are permitted to use or disclose your medical information for the purposes of health care operations, which are activities that support this practice and help provide the delivery of quality care. For example, we may engage the services of a professional to aid this practice in its compliance programs. This person will review billing and medical files to ensure we maintain our compliance with regulations and the law.

Disclosures that can be Made Without your Authorization

There are situations in which we are permitted by law to disclose or use your medical information without your written authorization or an opportunity to object. In other situations 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, in writing, to stop future uses and disclosures. However, any revocation will not apply to disclosures or uses already made or taken in reliance on that authorization.

Public Health, Abuse or Neglect, and Health Oversight

We may disclose your medical information for public health activities. Public health activities are mandated by Federal, State, or local government for the collection by a public health authority of information about disease and/or vital statistics (like births and death). We may disclose medical information, if authorized by law, to a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition. We may disclose your medical information to report reactions to medications, problems with products, or to notify people of recalls of products they may be using.

We may also disclose medical information to a public agency authorized to receive reports of child abuse or neglect. Texas law requires physicians to report child abuse or neglect. Regulations also permit the disclosure of information to report abuse or neglect of elders or the disabled.

We may disclose your medical information to a health oversight agency for those activities authorized by law. Examples of these activities are audits, investigations, licensure applications and inspections which are all government activities undertaken to monitor the health care delivery system and compliance with other laws, such as civil rights laws.

Legal Proceedings and Law Enforcement

We may disclose your medical information in the course of judicial or administrative proceedings in response to an order of the court (or the administrative decision-maker) or other appropriate legal process. Certain requirements must be met before the information is disclosed.

If asked by a law enforcement official, we may disclose your medical information under limited circumstances provided that the information:

- is released pursuant to legal process, such as a warrant or subpoena;
- pertains to a victim of crime and you are incapacitated;
- pertains to a victim who has died under circumstances that may be related to criminal conduct;
- is about a victim of crime and we are unable to obtain the person's agreement;
- is released because of a crime that has occurred on these premises; or
- is released to locate a fugitive, missing person, or suspect.

We may also release information if we believe the disclosure is necessary to prevent or lessen an imminent threat to the health or safety of a person.

Workers' Compensation

We may disclose your medical information as required by the Texas workers' compensation law.

Inmates

If you are an inmate or under the custody of law enforcement, we may release your medical information to the correctional institution or law enforcement official. This release is permitted to allow the institution to provide you with medical care, to protect your health or the health and safety of others, or for the safety and security of the institution.

Military, National Security and Intelligence Activities, Protection of the President

We may disclose your medical information for specialized governmental functions such as separation or discharge from military service, requests as necessary by appropriate military command officers (if you are in the military), authorized national security and intelligence activities, as well as authorized activities for the provision of protective services for the President of the United States, other authorized government officials, or foreign heads of state.

Research, Organ Donation, Coroners, Medical Examiners, and Funeral Directors

When a research project and its privacy protections have been approved by an Institutional Review Board or privacy board, we may release medical information to researchers for research purposes. We may release medical information to organ procurement organizations for the purpose of facilitating organ, eye, or tissue donation if you are a donor. Also, we may release your medical information to a coroner or medical examiner to identify a deceased or a cause of death. Further, we may release your medical information to a funeral director where such a disclosure is necessary for the director to carry out his or her duties.

Required by Law

We may release your medical information where the disclosure is required by law.

Your Rights Under Federal Privacy Regulations

The United States Department of Health and Human Services created regulations intended to protect patient privacy as required by the Health Insurance Portability and Accountability Act (HIPAA). Those regulations create several privileges that patients may exercise. We will not retaliate against a patient who exercises their HIPAA rights.

Requested Restrictions

You may request that we restrict or limit how your protected health information is used or disclosed for treatment, payment, or healthcare operations. We do NOT have to agree to this restriction, but if we do agree, we will comply with your request except under emergency circumstances.

To request a restriction, submit the following in writing: (a) the information to be restricted; (b) what kind of restriction you are requesting (i.e. on the use of information, disclosure of information or both); and (c) to whom the limits apply. Please send the request to the address and person listed on the last page of this document.

You may also request that we limit disclosure to family members, other relatives, or close personal friends who may or may not be involved in your care.

If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will approve that request unless the law requires us to share that information.

Receiving Confidential Communications by Alternative Means

You may request that we send communications of protected health information by alternative means or to an alternative location. This request must be made in writing to the person listed on the last page of this document. We are required to accommodate only reasonable requests. Please specify in your correspondence exactly how you want us to communicate with you and, if you are directing us to send it to a particular place, the contact/address information.

Inspection and Copies of Protected Health Information

You may inspect and/or copy health information that is within the designated record set, which is information that is used to make decisions about your care. Texas law requires that requests for copies be made in writing and we ask that requests for inspection of your health information also be made in writing. Your request must identify if you want your copies on paper or in electronic format. Please send your request to the person listed on the last page of this document.

We can refuse to provide some of the information you ask to inspect or ask to be copied if the information:

- includes psychotherapy notes;
- includes the identity of a person who provided information if it was obtained under a promise of confidentiality;
- is subject to the Clinical Laboratory Improvements Amendments of 1988;
- has been compiled in anticipation of litigation.

We can refuse to provide access to or copies of some information for other reasons, provided that we provide a review of our decision on your request. Another licensed health care provider who was not involved in the prior decision to deny access will make any such review.

Texas law requires that we are ready to provide copies or a narrative within 15 days of your request. We will inform you of when the records are ready or if we believe access should be limited. If we deny access, we will inform you in writing.

HIPAA permits us to charge a reasonable cost based fee. The Texas Medical Board (TMB) has set limits on fees for copies of medical records that under some circumstances may be lower than the charges permitted by HIPAA. In any event, the lower of the fee permitted by HIPAA or the fee permitted by the TMB will be charged. This fee will be charged for paper or electronic records.

Amendment of Medical Information

You may request an amendment of your medical information in the designated record set. Any such request must be made in writing to the person listed below. We will respond within 60 days of your request. We may refuse to allow an amendment of the information:

- wasn't created by this practice or the physicians here in this practice;
- is not part of the Designated Record Set;
- is not available for inspection because of an appropriate denial;
- is accurate and complete.

Even if we refuse to allow an amendment you are permitted to include a patient statement about the information at issue in your medical record. If we refuse to allow an amendment we will inform you in writing. If we approve the amendment, we will inform you in writing, allow the amendment to be made and tell others that we know have the incorrect information.

Accounting of Certain Disclosures

The HIPAA privacy regulations permit you to request, and us to provide, an accounting of disclosures that are other than for treatment, payment, health care operations, or made via an authorization signed by you or your representative. You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. Please submit any request for an accounting to the person listed on the last page of this document. Your first accounting of disclosures (within a 12-month period) will be free. For additional requests within that period we are permitted to charge for the cost of providing the list. If there is a charge we will notify you and you may choose to withdraw or modify your request before any costs are incurred.

Appointment Reminders, Treatment Alternatives, and Other Health-related Benefits

We may contact you by telephone, mail, or both to provide appointment reminders, information about treatment alternatives, or other health-related benefits and services that may be of interest to you.

Someone to Act for You

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

Your Choices

You have the right and the choice to tell us if you want to be contacted regarding fund raising efforts, disaster relief situations, marketing purposes, and sale of your information for any purpose. We will not release your information unless you have provided us permission to do so in writing for these activities.

Complaints

If you are concerned that your privacy rights have been violated, you may contact the person listed on the last page of this document. You may also send a written complaint to the United States Department of Health and Human Services. We will not retaliate against you for filing a complaint with the government or us. The contact information for the United States Department of Health and Human Services is:

Office of Civil Rights
U.S. Department of Health and Human Services
HIPAA Complaint
1301 Young Street – Suite 1169
Dallas, TX 75202
Telephone (800) 368-1019

Our Promise to You

We are required by law and regulation to protect the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this notice and give you a copy of it. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

Questions and Contact Person for Requests

If you have any questions or want to make a request pursuant to the rights described above, please contact:

Privacy Officer or Designee
Texas Midwest Endoscopy Center
14 Hospital Drive, Suite B
Abilene, Tx 79606
Phone: (325) 795-0053

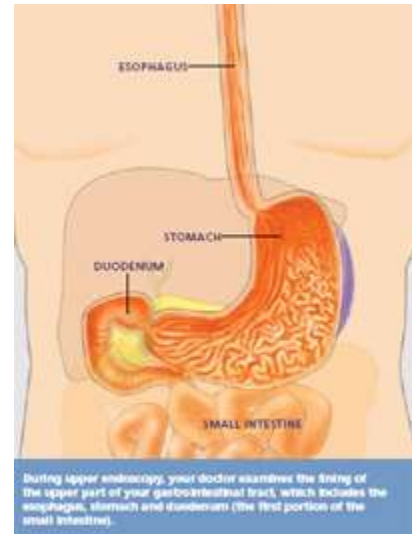
We do not create or manage a directory or psychotherapy notes at this practice. We also do not do fundraising or sell your information.

We may change our policies and this notice at any time and have those revised policies apply to all the protected health information we maintain. If or when we change our notice, we will provide the new notice in the office where it can be readily reviewed.

UNDERSTANDING UPPER ENDOSCOPY (EGD)

What is an upper endoscopy?

Upper endoscopy lets your doctor examine the lining of the upper part of your gastrointestinal tract, which includes the esophagus, stomach and duodenum (first portion of the small intestine). Your doctor will use a thin, flexible tube called an endoscope, which has its own lens and light source, and will view the images on a video monitor. You might hear your doctor or other medical staff refer to upper endoscopy as upper GI endoscopy, esophagogastroduodenoscopy (EGD) or panendoscopy.



Why is upper endoscopy done?

Upper endoscopy helps your doctor evaluate symptoms of persistent upper abdominal pain, nausea, vomiting or difficulty swallowing. It's the best test for finding the cause of bleeding from the upper gastrointestinal tract. It's also more accurate than X-ray films for detecting inflammation, ulcers and tumors of the esophagus, stomach and duodenum.

Your doctor might use upper endoscopy to obtain a biopsy (small tissue samples). A biopsy helps your doctor distinguish between benign and malignant (cancerous) tissues. Remember, biopsies are taken for many reasons, and your doctor might order one even if he or she does not suspect cancer. For example, your doctor might use a biopsy to test for *Helicobacter pylori*, the bacterium that causes ulcers.

Your doctor might also use upper endoscopy to perform a cytology test, where he or she will introduce a small brush to collect cells for analysis.

Upper endoscopy is also used to treat conditions of the upper gastrointestinal tract. Your doctor can pass instruments through the endoscope to directly treat many abnormalities - this will cause you little or no discomfort. For example, your doctor might stretch (dilate) a narrowed area, remove polyps (usually benign growths) or treat bleeding.

What preparations are required?

An empty stomach allows for the best and safest examination, so you should have nothing to eat or drink, including water, for approximately six hours before the examination. Your doctor will tell you when to start fasting as the timing can vary.

Tell your doctor in advance about any medications you take; you might need to adjust your usual dose for the examination. Discuss any allergies to medications as well as medical conditions, such as heart or lung disease.

Can I take my current medications?

Most medications can be continued as usual, but some medications can interfere with the preparation or the examination. Inform your doctor about medications you're taking, particularly aspirin products or antiplatelet agents, arthritis medications, anticoagulants (blood thinners such as warfarin or heparin), clopidogrel, insulin or iron products. Also, be sure to mention any allergies you have to medications.

What happens during upper endoscopy?

Your doctor might start by spraying your throat with a local anesthetic or by giving you a sedative to help you relax. You'll then lie on your side, and your doctor will pass the endoscope through your mouth and into the esophagus, stomach and duodenum. The endoscope doesn't interfere with your breathing. Most patients consider the test only slightly uncomfortable, and many patients fall asleep during the procedure.

What happens after upper endoscopy?

You will be monitored until most of the effects of the medication have worn off. Your throat might be a little sore, and you might feel bloated because of the air introduced into your stomach during the test. You will be able to eat after you leave unless your doctor instructs you otherwise.

Your physician will explain the results of the examination to you, although you'll probably have to wait for the results of any biopsies performed.

If you have been given sedatives during the procedure, someone must drive you home and stay with you. Even if you feel alert after the procedure, your judgment and reflexes could be impaired for the rest of the day.

What are the possible complications of upper endoscopy?

Although complications can occur, they are rare when doctors who are specially trained and experienced in this procedure perform the test. Bleeding can occur at a biopsy site or where a polyp was removed, but it's usually minimal and rarely requires follow-up. Perforation (a hole or tear in the gastrointestinal tract lining) may require surgery but this is a very uncommon complication. Some patients might have a reaction to the sedatives or complications from heart or lung disease.

Although complications after upper endoscopy are very uncommon, it's important to recognize early signs of possible complications. Contact your doctor immediately if you have a fever after the test or if you notice trouble swallowing or increasing throat, chest or abdominal pain, or bleeding, including black stools. Note that bleeding can occur several days after the procedure.

If you have any concerns about a possible complication, it is always best to contact your doctor right away.

IMPORTANT REMINDER:

The preceding information is intended only to provide general information and not as a definitive basis for diagnosis or treatment in any particular case. It is very important that you consult your doctor about your specific condition.

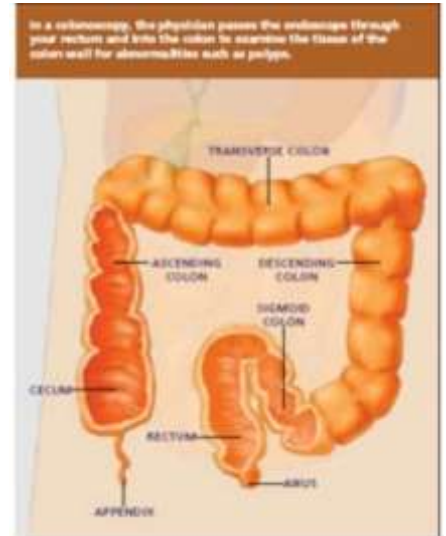
UNDERSTANDING COLONOSCOPY

What is a colonoscopy?

Colonoscopy lets your doctor examine the lining of your large intestine (colon) for abnormalities by inserting a thin flexible tube, as thick as your finger, into your anus and slowly advancing it into the rectum and colon. This instrument, called a colonoscope, has its own lens and light source and it allows your doctor to view images on a video monitor.

Why is colonoscopy recommended?

Colonoscopy may be recommended as a screening test for colorectal cancer. Colorectal cancer is the third leading cause of cancer deaths in the United States. Annually, approximately 150,000 new cases of colorectal cancer are diagnosed in the United States and 50,000 people die from the disease. It has been estimated that increased awareness and screening would save at least 30,000 lives each year. Colonoscopy may also be recommended by your doctor to evaluate for symptoms such as bleeding and chronic diarrhea.



What preparations are required?

Your doctor will tell you what dietary restrictions to follow and what cleansing routine to use. In general, the preparation consists of limiting your diet to clear liquids the day before and consuming either a large volume of a special cleansing solution or special oral laxatives. The colon must be completely clean for the procedure to be accurate and comprehensive, so be sure to follow your doctor's instructions carefully.

Can I take my current medications?

Most medications can be continued as usual, but some medications can interfere with the preparation or the examination. Inform your doctor about medications you're taking, particularly aspirin products, arthritis medications, anticoagulants (blood thinners such as warfarin or heparin), clopidogrel, insulin or iron products. Also, be sure to mention allergies you have to medications.

What happens during colonoscopy?

Colonoscopy is well-tolerated and rarely causes much pain. You might feel pressure, bloating or cramping during the procedure. Typically, your doctor will give you a sedative or painkiller to help you relax and better tolerate any discomfort. You will lie on your side or back while your doctor slowly advances a colonoscope along your large intestine to examine the lining. Your doctor will examine the lining again as he or she slowly withdraws the colonoscope. The procedure itself usually takes less than 45 minutes, although you should plan on two to three hours for waiting, preparation and recovery. In some cases, the doctor cannot pass the colonoscope through the entire colon to where it meets the small intestine. Your doctor will advise you whether any additional testing is necessary.

What if the colonoscopy shows something abnormal?

If your doctor thinks an area needs further evaluation, he or she might pass an instrument through the colonoscope to obtain a biopsy (a small sample of the colon lining) to be analyzed. Biopsies are used to identify many conditions, and your doctor will often take a biopsy even if he or she doesn't suspect cancer. If colonoscopy is being performed to identify sites of bleeding, your doctor might control the

bleeding through the colonoscope by injecting medications or by cauterization (sealing off bleeding vessels with heat treatment) or by use of small clips. Your doctor might also find polyps during colonoscopy, and he or she will most likely remove them during the examination. These procedures don't usually cause any pain.

What are polyps and why are they removed?

Polyps are abnormal growths in the colon lining that are usually benign (noncancerous). They vary in size from a tiny dot to several inches. Your doctor can't always tell a benign polyp from a malignant (cancerous) polyp by its outer appearance, so he or she will usually remove polyps for analysis. Because cancer begins in polyps, removing them is an important means of preventing colorectal cancer.

How are polyps removed?

Your doctor may destroy tiny polyps by fulguration (burning) or by removing them with wire loops called snares or with biopsy instruments. Your doctor will use a technique called "snare polypectomy" to remove larger polyps. Your doctor will pass a wire loop through the colonoscope and remove the polyp from the intestinal wall using an electrical current. You should feel no pain during them polypectomy.

What happens after a colonoscopy?

You will be monitored until most of the effects of the sedatives have worn off. You might have some cramping or bloating because of the air introduced into the colon during the examination. This should disappear quickly when you pass gas. Your physician will explain the results of the examination to you, although you'll probably have to wait for the results of any biopsies performed. If you have been given sedatives during the procedure, someone must drive you home and stay with you. Even if you feel alert after the procedure, your judgment and reflexes could be impaired for the rest of the day. You should be able to eat after the examination, but your doctor might restrict your diet and activities, especially after polypectomy. Your doctor will advise you on this.

What are the possible complications of colonoscopy?

Colonoscopy and polypectomy are generally safe when performed by doctors who have been specially trained and are experienced in these procedures. One possible complication is a perforation, or tear, through the bowel wall that could require surgery. Bleeding might occur at the site of biopsy or polypectomy, but it's usually minor. Bleeding can stop on its own or be controlled through the colonoscope; it rarely requires follow-up treatment. Some patients might have a reaction to the sedatives or complications from heart or lung disease. Although complications after colonoscopy are uncommon, it's important to recognize early signs of possible complications. Contact your doctor if you notice severe abdominal pain, fever and chills, or rectal bleeding. Note that bleeding can occur several days after the procedure.

IMPORTANT REMINDER:

The preceding information is intended only to provide general information and not as a definitive basis for diagnosis or treatment in any particular case. It is very important that you consult your doctor about your specific condition.

Questions & Answers

How do I cleanse my colon?

- There are different methods to clean out your colon, and your doctor will tailor one for you that he or she has found works. To make sure you and your doctor choose the right method for you, tell your doctor of your current medications, any drug or food allergies, and if you have ever had heart problems, kidney disease, ascites, fluid or electrolyte abnormalities, chronic constipation, or an incomplete colonoscopy. Remember to follow your doctor's instructions exactly so your procedure is completed as smoothly as possible.

Why do I have to drink so much fluid for the colonoscopy?

- You may be given liquid electrolytes or something similar to drink before your colonoscopy. It will be a lot to drink and it may not taste very good; but, it is important to drink the entire preparation to thoroughly clean your colon, avoiding any problems during the procedure and making sure you do not have to do it again anytime soon.

Why do I have to eat and drink differently?

- Your doctor will also ask you not to eat anything after a certain time before your test and to drink plenty of clear, nonalcoholic fluids. Doing so will make cleaning your colon more complete, as well as keep you hydrated and safe from any problems with the preparation for the colonoscopy and the colonoscopy itself.

Helpful Tips

- ❖ Drink plenty of clear, nonalcoholic fluids, especially sports drinks
- ❖ Avoid red liquids or foods, as they can look like blood in the colon
- ❖ Prepare to spend most of the day before your test on or near the toilet
- ❖ Use adult wet wipes or a water spray to clean off instead of toilet paper
- ❖ Call the doctor's office for any help with the preparation or instructions