

**GENERAL  
CONSENT FORM**

This consent applies to all University of Texas Health Science Center at San Antonio (UTHSCSA) entities to include but not limited to: UT Medicine (UTM), Cancer Therapy and Research Center (CTRC), and UTHSCSA School of Nursing.

**Consent for Treatment**

As a consenting adult and/or legal guardian, I permit the physicians, staff, residents or affiliates of UTHSCSA to provide medical care to myself, my child or the patient I represent, as applicable. By signing below, I permit the physician, staff, residents and affiliates of UTHSCSA to perform necessary or appropriate medical care and care coordination services, including, but not limited to: physical examination, diagnosis, treatment and medication reconciliation.

**Authorization for Receipt/ Release of Medical Records**

I authorize UTHSCSA to receive and release any medical information pertaining to me including, but not limited to: diagnosis, x-rays, test results, medications, reports and records pertaining to any treatment or examination rendered to me. I understand my medical information may be used or disclosed for treatment, payment or health care operations.

**Assignment of Benefits**

I hereby assign all medical and/or surgical benefits, to include major medical benefits to which I am entitled, including Medicare, private insurance, any other health plans or other funding sources, to UTHSCSA. I understand that I am responsible to follow up with my insurance/funding source due to any discrepancy in coverage/payment. I understand I am financially responsible for all charges whether or not paid by my insurance, health plan or funding source.

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_  
PRINT

Signature of Patient  
Or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

## Notice of Privacy Practices

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.**

**Purpose:** The University of Texas Health Science Center at San Antonio (UT Health Science Center) and its faculty, students, residents, employees, and non-employees follow the privacy practices described in this Notice. The UT Health Science Center maintains your health information in records that are kept in a confidential manner, as required by law. The UT Health Science Center must use and disclose or share your health information as necessary for treatment, payment, and health care operations to provide you with quality health care.

**Use and Release of Your Health Information for Treatment, Payment, and Health Care Operations:** The UT Health Science Center has to use and release some of your health information to conduct its business. We are permitted to use and release health information without authorization from you. Treatment includes sharing information among health care providers involved in your care. For example, your health care provider may share information about your condition with radiologists or other consultants to make a diagnosis. UT Health Science Center may use your health information as required by your insurer to determine eligibility or to obtain payment for your treatment. In addition, UT Health Science Center may use and disclose your health information to improve the quality of care, and for education and training purposes of UT Health Science Center students, residents, and faculty.

**How Will the UT Health Science Center Use and Disclose My Health Information?** Your health information may be used for the following purposes unless you ask for restrictions on a specific use or disclosure:

*Note:* You will have the opportunity to refuse some of these communications about your health information, indicated by (\*).

- UT Health Science Center directories, which may include your name, general condition, religious affiliation, and your location in the UT Health Science Center. (\*)
- Family members or close friends involved in your care or payment for treatment. (\*)
- Disaster relief agency if you are involved in a disaster relief effort. (\*)
- To inform you of treatment alternatives or benefits or services related to your health. (\*)
- Fundraising activities by the UT Health Science Center. Such information will be limited to your name, address, and phone number. If you do not want us to contact you for fundraising efforts, please contact the Office of Development at (210) 567-9219. (\*)
- Appointment reminders.
- Public health activities, including disease prevention, injury or disability; reporting births and deaths; reporting reactions to medications or product problems; notification of recalls; infectious disease control; notifying government authorities of suspected abuse, neglect, or domestic violence.

- Health oversight activities, such as audits, inspections, investigations, and licensure.
- Law enforcement, as required by federal, state or local law.
- Lawsuit and disputes, in response to a court or administrative order, subpoena, discovery request or other lawful request.
- Coroners, medical examiners, and funeral directors.
- Organ and tissue donation.
- Certain research projects, which requires a special approval process by the University.
- To prevent a serious threat to health or safety.
- To military command authorities if you are a member of the armed forces or a member of a foreign military authority.
- National security and intelligence activities to authorized persons to conduct special investigations.
- Workers' Compensation. Your medical information regarding benefits for work-related injuries and illnesses may be released as appropriate.
- To carry out health care treatment, payment, and operations functions through business associates, such as to install a new computer system.

**Your Authorization Is Required for Other Disclosures.** Except as described above, we will not use or disclose your medical information, unless you allow the UT Health Science Center in writing to do so. For example, we will not use your photographs for presentations outside the UT Health Science Center without your written permission. You may withdraw or revoke your permission, which will be effective only after the date of your written withdrawal.

Alcohol and drug abuse information has special privacy protections. The UT Health Science Center will not disclose any information identifying an individual as being a patient or provide any health information relating to the patient's substance abuse treatment unless the patient authorizes in writing; to carry out treatment, payment, and operations; or, as required by law.

**You Have Rights Regarding Your Health Information.** You have the following rights regarding your medical information, if requested on the form(s) provided by the UT Health Science Center:

- **Right to request restriction.** You may request limitations on your health information that we use or disclose for health care treatment, payment, or operations, although we are not required to comply with your request. For example, you may ask us not to disclose that you have had a particular procedure. We will release the information if necessary for emergency treatment. We will notify you in writing whether we honor your request or not.
- **Right to confidential communications.** You may request communications of your health information in a certain way or at a certain location, but you must tell us how or where you wish to be contacted.
- **Right to inspect and copy.** You have the right to review and obtain a copy of your medical or health record. Psychotherapy notes may not be inspected or copied. We may charge a fee for copying, mailing, and supplies. Under limited circumstances, your request may be denied; you may request review of the denial by another licensed health care professional chosen by the UT Health Science Center. The UT Health Science Center will comply with the outcome of the review.

- **Right to request amendment.** If you believe that the health information we have about you is incorrect or incomplete, you may request an amendment on the form provided by the UT Health Science Center. The UT Health Science Center is not required to accept the amendment.
- **Right to accounting of disclosures.** You may request a list of the disclosures of your health information that have been made to persons or entities for disclosures unrelated to health care treatment, payment, or operations within the past six (6) years for paper health records, and for electronic health records you may request three (3) years, including disclosures for treatment, payment, or operations. After the first request, there may be a charge.
- **Right to a copy of this Notice.** You may request a paper copy of this Notice at any time, even if you have been provided with an electronic copy. You may obtain an electronic copy of this Notice at our Web site, <http://www.uthscsa.edu/hipaa/patientrights.html>. A more detailed Notice is also available at this Web site if you would like more information about these practices.

**Requirements Regarding This Notice.** The UT Health Science Center is required by law to provide you with this Notice. We will comply with this Notice for as long as it is in effect. The UT Health Science Center may change this Notice, and these changes will be effective for health information we have about you, as well as any information we receive in the future. Each time you register at the UT Health Science Center for health services, you may receive a copy of the Notice in effect at the time.

**Complaints.** If you believe your privacy rights have been violated, you may file a complaint with:

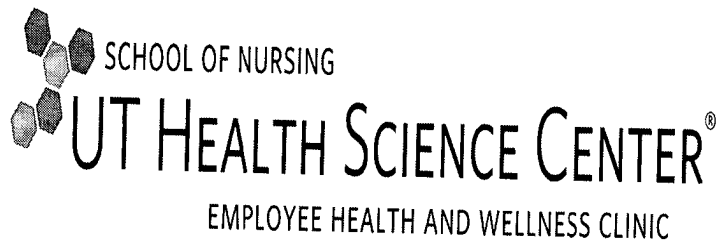
UT Health Science Center's Privacy Officer  
Office of Regulatory Affairs & Compliance  
7703 Floyd Curl Drive, Mail Code 7861  
San Antonio, TX 78229-3900  
(210) 567-5212

Office of Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509 F, HHH Building  
Washington, D.C. 20201

We will not penalize or retaliate against you in any way for making a complaint to the UT Health Science Center at San Antonio or to the Department of Health and Human Services.

**Contact UT Health Science Center's Privacy Officer at (210) 567-5212 if:**

- You have any questions about this Notice;
- You wish to request restrictions on uses and disclosures for health care treatment, payment, or operations; or
- You wish to obtain a form to exercise your individual rights.



## Acknowledgement of Receipt of Notice of Privacy Practices

Your name and signature on this sheet indicate that you have received a copy of the UT Health Science Center at San Antonio's Notice of Privacy Practices (Notice) on the date indicated. If you have any questions regarding the information in UT Health Science Center's Notice of Privacy Practices, please do not hesitate to contact a clinic representative or the Health Science Center Patient Privacy Officer as indicated on your Notice.

Patient Name (Printed):

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If Patient Representative, Name (Printed):

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If Patient Representative, Relationship to Patient (Printed):

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Account # or Medical Record #:

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Signature:

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Date Notice Received:

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**NOTICE FOR REQUEST OF DISCLOSURE OF  
SOCIAL SECURITY NUMBER**

(Patient Billing and Collections)

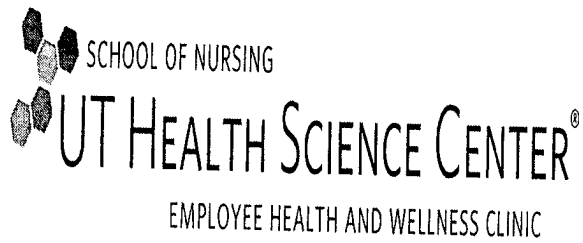
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Disclosure of your Social Security Number ("SSN") is required of you in order for UT Medicine San Antonio to bill and collect for patient services. Federal law mandates a social security number is required to obtain benefits under Medicare and Medicaid (42 USC, Section 1320b-7(1)). For commercial insurance, there is no statute or authority that requires that you disclose your SSN for this purpose. Failure to provide your SSN, however, may result in us not filing claims for your patient care because commercial insurance requires a SSN. Further disclosure of your SSN is governed by the Public Information Act (Chapter 552 of the Texas Government Code) and other applicable law.

**NOTICE ABOUT INFORMATION LAWS AND PRACTICES**

With few exceptions, you are entitled on your request to be informed about the information UT Medicine collects about you. Under Sections 552.021 and 552.023 of the *Texas Government Code*, you are entitled to receive and review the information. Under Section 559.004 of the *Texas Government Code*, you are entitled to have UT Medicine correct information about you that is held by UT Medicine and is incorrect, in accordance with the procedures set forth in The University of Texas System Business Procedures Memorandum 32. The information that UT Medicine at San Antonio collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the *Texas Government Code*) and rules. Different types of information are kept for different periods of time.

You may send any requests to UT Medicine HIPAA Compliance  
By mail to: 6126 Wurzbach Road San Antonio TX 78238  
By e-mail to: [UPGPrivacy@UTHSCSA.edu](mailto:UPGPrivacy@UTHSCSA.edu)  
By fax to: (210) 257-1436  
In person at: 6126 Wurzbach Road San Antonio TX 78238



**Consent for Disclosure and Acknowledgement of Receipt of  
Notice for Social Security Number**

**CONSENT FOR DISCLOSURE OF SOCIAL SECURITY NUMBER FOR  
PATIENT BILLING AND COLLECTIONS**

I hereby consent to the disclosure of my Social Security Number by UT Medicine San Antonio for the stated purpose listed on Notice.

Patient Name (Print): \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Date Consent Signed: \_\_\_\_\_

**Acknowledgement of Receipt of Notice of Request for Social Security  
Number for Patient Billing AND COLLECTIONS**

Your name and signature on this sheet indicate that you have received a copy of UT Medicine San Antonio's Notice of Request for Social Security Number on the date indicated. If you have any questions regarding the information in the Notice of Request for Social Security Number for Patient Billing; please do not hesitate to contact the Clinic Manager or the UTM Administrator indicated on your Notice.

Patient Name (Print): \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Date Notice Received: \_\_\_\_\_



SCHOOL OF NURSING

UT HEALTH SCIENCE CENTER®

EMPLOYEE HEALTH AND WELLNESS CLINIC

## E-mail Authorization Agreement

The UT Health Science Center at San Antonio offers patients the ability to communicate with healthcare providers via electronic mail (e-mail) for non-urgent matters through a secured mechanism. Both you, the patient, and your provider have to agree to this arrangement. *No information is ever sent electronically without permission given by you or your legally authorized representative.*

### Appropriate uses for e-mail

E-mail may be used to request information and ask non-urgent questions. It should not be used in emergencies. If you are experiencing a sudden or severe change in your health, or otherwise need an immediate response, please contact your healthcare provider's office by telephone, call 911, or go to an emergency room.

E-mail may be used to send protected personal health information for:

- Prescriptions/refills
- General medical advice after an initial face-to-face visit
- Lab test results
- Patient educational material

### Secure e-mail mechanism

Once we have received your permission, your provider will send an e-mail to a secure location. You will receive an e-mail telling you that the provider has left you a message. In the e-mail there will be a link to click on. This link will take you directly to the e-mail message. The risk associated with this e-mail mechanism is if others have access to your e-mail, they will have the ability to click on the link and will be able to view the information.

If you have an e-mail address and would like to take advantage of this service, please discuss your wishes with your healthcare provider (e.g., doctor) first. Some providers do not communicate with their patients electronically. Others may ask an

associate such as a nurse or billing person to contact you, based on your e-mail request.

The UT Health Science Center may forward e-mails as appropriate for diagnosis, treatment, and other related reasons. As such, the UT Health Science Center staff, other than your provider, may have access to e-mails that you send. Such access is only to make available healthcare services to you. Otherwise, the UT Health Science Center will not forward e-mails to any one else without your prior written consent, except as authorized or required by law.

### Keeping records of e-mail communications

E-mail communications will be documented in one of two ways: (1) an electronic note maintained in a computer system and/or (2) a paper copy filed in your medical record.

### Sending e-mail

Please include your full name and your medical record number in every e-mail message that you send to your healthcare provider. This information is required so the provider can establish that the person requesting medical advice is in fact the person the sender claims to be. Without this information, the physician will not be able to address your questions. The subject line should include the purpose of the e-mail, for example: "Prescription Refill Request".

When you receive a message from your provider containing medical advice, please acknowledge the message by sending a brief reply to the provider.

If a message is ever returned because of a "bad address" please make sure that you entered the complete address as it was given to you. If you are sure that you entered the address the provider gave to you, please call the provider's office and make sure you have the correct e-mail address and that the computer system is functioning properly.

If your healthcare provider does not answer your e-mail in 2-3 days contact the office by telephone.





EMPLOYEE HEALTH AND WELLNESS CLINIC

### E-mail Authorization Agreement

The UT Health Science Center may choose to discontinue e-mail communication at any time.

#### Privacy and security of e-mail

***Do not use e-mail to send or request sensitive information.*** This includes personal information you do not want other people to know about. Additionally, you should be aware of and understand that if you use e-mail provided by your employer, any e-mail sent on your employer's system may be viewed by your employer.

***The UT Health Science Center cannot and does not guarantee the privacy or security of any messages being sent over the Internet.*** There is the potential that e-mail sent over the Internet can be intercepted and read by others. If this is of concern to you, you should not communicate with your healthcare provider through e-mail.

This document along with UT Health Science Center's "Notice of Privacy Practices" constitutes a notice of privacy practices for e-mail use as required by the Texas State Board of Medical Examiners.

#### Authorization to use e-mail

I have been informed of and understand the risks and procedures involved with using e-mail. I agree to the terms listed on this form and hereby voluntarily request, consent to, and authorize the use of e-mail as one form of communication with my physician, and his/her associates, technicians and other health care providers.

You will be given a copy of this signed form to keep for your records.

\_\_\_\_\_  
Patient E-mail Address

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Representative (Relationship)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clinic Manager/Clinic Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Label