

TRACKING#:

BAYLOR SURGICAL HOSPITAL AT FORT WORTH
PATIENT HEALTH INFORMATION REQUEST FORM

In order to verify accurate health and surgical information, we will be asking you various questions in different settings. The Pre-Op and Post-Anesthesia Care areas are locations where you and other patients will be asked questions. You will be in separate bays within these areas, but there is a possibility that you may be seen or overheard by other patients/family members.

Will this be a problem for you? No Yes

_____ I acknowledge that I have been given the opportunity to request restrictions on use and/or disclosure of my protected health information.

**To protect your privacy information while at our hospital, any medical information requested by a family member via phone or in person can only be retrieve by having the patients pass code. This Pass code will be given to you at the time of your registration. (We will not give out any medical information without your pass code.)

SUPPORT PERSON/PATIENT REPRESENTATIVE

Would you like to designate a support person/patient representative? Yes No

If yes, list name of designated individual: _____

I understand that be designating this individual as my support person/patient representative, I am hereby giving permission to share my protected health information with the designated individual.

- Your support person/patient representative may remain with you throughout your hospital stay, with the following exceptions:
 - During a treatment or procedure
 - In a medical emergency, at the physician's discretion

- You also have the right to receive visitors throughout your hospital stay. Baylor Surgical Hospital at Fort Worth's Post Surgical Unit has an open visitation policy, as long as visitors are not disruptive to other patients. If there is anyone you would like to restrict from visiting you, please let us know.

Patient/Patient Representative

Date

Time