

TEXAS DEPARTMENT OF STATE HEALTH SERVICES

P.O. Box 149347 Austin, Texas 78714-9347 1-888-963-7111 TTY: 1-800-735-2989 www.dshs.state.tx.us

KIRK COLE INTERIM COMMISSIONER

PATIENT NOTIFICATION OF DATA COLLECTION

PURSUANT TO: 84TH TEXAS LEGISLATIVE REGULAR SESSION, HB 764 SECTION- 108.0095. NOTIFICATION OF DATA COLLECTION which states: A provider shall provide to a patient whose data is being collected under this chapter written notice on a form prescribed by the department of the collection of the patient's data for health care purposes. The notice provided under this section must include the name of the agency or entity receiving the data and of an individual within the agency or entity whom the patient may contact regarding the collection of data. The department shall include the notice required under this section on an existing department form and make the form available on the department's internet website.

NAME OF FACILITY/PROVIDER Medical City Surgery Center Fort Worth

This document shall provide notice to patients that the Texas Department of State Health Services, Texas Healthcare Information Collection program (THCIC) receives patient claim data regarding services performed by the named Provider. The patients claim data is used to help improve the health of Texas, through various methods of research and analysis. Patient confidentiality is held to the highest standard and your information is not subject to public release. THCIC follows strict internal and external guidelines as outlined in Chapter 108 of the Texas Health and Safety Code and the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

For further information regarding the data being collected, please send all inquiries to:

Chris Aker THCIC Dept. of State Health Services Center for Health Statistics, MC 1898 PO Box 149347 Austin, Texas 78714-9347

Location Moreton Building, M-660 1100 West 49th Street Austin, TX 78756 Phone: 512-776-7261

Fax: 512-776-7740

Email: thcichelp@dshs.state.tx.us