

SURGICAL HISTORY Onset Date

Onset Date

- | | |
|---|-------|
| <input type="checkbox"/> Angioplasty | _____ |
| <input type="checkbox"/> Appendectomy | _____ |
| <input type="checkbox"/> Arthroscopy | _____ |
| <input type="checkbox"/> Back surgery | _____ |
| <input type="checkbox"/> Bilateral tubal ligation | _____ |
| <input type="checkbox"/> Blood transfusion | _____ |
| <input type="checkbox"/> Breast augmentation | _____ |
| <input type="checkbox"/> CABG | _____ |
| <input type="checkbox"/> Cardiac pacemaker | _____ |
| <input type="checkbox"/> Carpal tunnel release | _____ |

Onset Date

- ☐ Cataract extraction
- ☐ Cholecystectomy
- ☐ Colectomy
- ☐ Colostomy
- ☐ D&C
- ☐ Gastric bypass
- ☐ Hernia repair
- ☐ Hip replacement
- ☐ Hysterectomy
- ☐ Knee replacement

Onset Date

- | | |
|--|-------|
| <input type="checkbox"/> LASIK | _____ |
| <input type="checkbox"/> Mastectomy | _____ |
| <input type="checkbox"/> Myomectomy | _____ |
| <input type="checkbox"/> ORIF | _____ |
| <input type="checkbox"/> Thyroidectomy | _____ |
| <input type="checkbox"/> Tonsillectomy | _____ |
| <input type="checkbox"/> Other | _____ |
| _____ | _____ |
| _____ | _____ |

FAMILY HEALTH HISTORY

Mother

Father

Sister(s)

Brother(s)

- ADD/ADHD
- Alcoholism
- Allergies
- Alzheimer's disease
- Arthritis
- Asthma
- Blood Disorder
- Cancer
- Type _____
- Cardiovascular disease
- Coronary artery disease
- Depression
- Developmental delay
- Diabetes
- Eczema
- Elevated Lipids
- Genetic Disease
- Hearing deficiency
- Hypertension
- Irritable bowel disease
- Learning disability
- Mental Illness
- Migraines
- Obesity
- Osteoporosis
- Peripheral vascular disease
- Renal Disease
- Seizure disorder
- Stroke
- Thyroid disorder

PREVENTION

(Date of the last exam)

Well Woman Exam

Date _____

Well Male Exam

Date _____

Mammogram

Date _____

Colonoscopy

Date _____

Prostate

Date _____

Bone Density Test

Date _____

Coments:

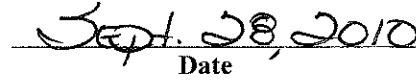
Patient signature : _____

Date : _____

FRAUD POLICY & PROCEDURES
Montgomery County Hospital District (MCHD)
Healthcare Assistance Program (HCAP)

Montgomery County Hospital District has adopted the following as the Fraud Policy & Procedures for the Healthcare Assistance Program effective October 1, 2010.


MCHD Board Chair


Date

General Provisions

- I. Indication of fraud: program violation consists of intentionally, knowingly, or recklessly committing any of the following actions:
- a. Making a false and/or misleading statement
 - b. Misrepresenting, concealing, or withholding facts
 - c. Violating any provision of the CIHCP Act, the CIHCP regulation or State Statutes relating to the use or acquisition of benefits through MCHD HCAP.
- II. Possible Misrepresentations - Situations are varied in which an applicant or recipient might intentionally withhold information or present false information to obtain assistance or benefits to which he/she is not entitled. Examples include, but may not be limited to:
- a. Information misrepresented or concealed at the time any of the MCHD HCAP forms are completed;
 - b. Information misrepresented at the time legal requirements (HCAP Eligibility) are tested for initial certification or recertification;
 - c. Information misrepresented concerning income or resources, composition of family group, county of residency, and some element of need;
 - d. Information misrepresented to obtain prescribed drugs over the authorized limit;
 - e. Information misrepresented or concealed concerning incapacity;
 - f. Information misrepresented or concealed by a member of recipient's family, authorized representative, or any other individual(s) who assist recipient in obtaining medical services via HCAP;
 - g. Use of fictitious names and/or sources of identification;
 - h. Misrepresentation on guardianship or custody of children in household and/or status for adults in the household, including but not limited to military dependents status and alien sponsorship;
 - i. Failure to report changes in income, resources, hospital district residency status, citizenship status, and/or household composition within 14 days of receipt as agreed upon as condition of HCAP enrollment.

Procedure

When the Healthcare Assistance Program (HCAP) staff has reason to believe that fraud may have occurred; the following procedures shall be followed:

- a. The HCAP staff shall investigate all cases of suspected fraud and shall collect and document evidence;
- b. The HCAP staff shall contact the client who is suspected of fraud by sending a certified letter informing him/her of the proposed withdrawal of eligibility and explaining the allegations and giving the client ten days to provide information disputing the allegations. If the client disputes the allegations, the client will be allowed to submit applicable supporting document/verification for further consideration;
- c. If the client has disputed the allegations and presented his/her supporting information to HCAP staff, but the matter remains unresolved, the HCAP staff shall schedule an administrative hearing to allow the client to defend him/herself by confronting any adverse witness and by presenting his own argument and evidence. The HCAP staff must disclose any evidence used to prove its case to the client so he/she has an opportunity to dispute it. The Manager of the HCAP Department, with the Eligibility Supervisor present will conduct the administrative hearing. The hearing shall be held at the HCAP offices during normal business hours. The client shall be given thirty days written notice of the date of the hearing. If the client does not appear at the administrative hearing the Eligibility Supervisor may proceed with presentation of his/her case only if proof of notice is present. The HCAP Manager must make a decision within thirty days of the hearing.

Consequences of Fraud

If, after due process, a person is found to have intentionally misrepresented information in order to receive benefits, that person may be subject to prosecution under the Texas Penal code in addition to being deemed administratively ineligible for HCAP.

Upon a finding of fraud, the client shall be administratively ineligible from HCAP benefits as follows:

1. First offense of fraud determined:
 - a) Client must make full restitution to MCHD HCAP; or
 - b) The following penalty timeframe table will be followed to determine the administrative ineligibility

Amount Paid In Healthcare Expenses while Ineligible for Benefits	Denial Period
\$.01 to \$ 249.99	1 month
\$ 250.00 to \$ 999.99	3 months
\$1,000.00 to \$2,999.99	6 months
\$3,000.00 to \$4,999.99	9 months
\$5,000.00 or greater	12 months

- c) **Penalty Exception:** If amount owed to MCHD is equal to or less than \$500, the client may have benefits reinstated for 3 months from date of determination of fraud if an agreement is signed that full restitution will be made within the three month period.
- i. This exception only applies for client's first offense of fraudulent behavior.
 - ii. If full restitution is not made within that timeframe, then client will be administratively ineligible for timeframe established by penalty timeframe table starting from restitution deadline or until full restitution is made, whichever condition is met first.
2. Second Offense of fraud determined:
- a) Client must make full restitution to MCHD before being allowed reenrollment into HCAP; or
 - b) Client must serve penalty timeframe; and
 - c) Client must serve an additional 3 month penalty.
3. Third or more offense of fraud determined:
- a) Client must make full restitution to MCHD before being allowed reenrollment into HCAP; or
 - b) Client must serve full penalty timeframe; and
 - c) Client must serve an additional 6 month penalty added to penalty timeframe; and
 - d) Client must be granted permission to re-enroll in HCAP by MCHD Executive Officers.

I hereby acknowledge, I have read and understand the above information stated in this document.

HCAP CLIENT SIGNATURE

DATE



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.

Montgomery County Hospital District (MCHD) is required by law to maintain the privacy of certain confidential health care information, known as Protected Health Information or PHI, and to provide you with a notice of our legal duties and privacy practices with respect to your PHI. MCHD is required to notify an affected individual following a breach of unsecured PHI. MCHD is required to abide by the terms of the version of this notice currently in effect.

Uses and Disclosures of PHI: MCHD may use PHI for the purposes of treatment, payment, and health care operations, in most cases without your written permission. Examples of our use of your PHI:

For treatment: This includes such things as verbal and written information about your medical condition and treatment from obtained from you as well as from others provided to you by us and other medical personnel (including doctors and nurses who give orders to allow us to provide treatment to you). It also includes information we give to other health care personnel to whom we transfer your care and treatment, and includes transfer of PHI via radio or telephone to the hospital or dispatch center as well as providing the hospital with a copy of the written record we create in the course of providing you with treatment and transport.

For payment: This includes any activities we must undertake in order to get reimbursed for the services we provide to you, including such things as organizing your PHI and submitting bills to insurance companies (either directly or through a third party billing company), management of billed claims for services rendered, medical necessity determinations and reviews, utilization review, and collection of outstanding accounts.

For health care operations: This includes quality assurance activities, licensing, and training programs to ensure that our personnel meet our standards of care and follow established policies and procedures, as well as certain other management functions.

Reminders for Scheduled Transports and Information on Other Services: We may also contact you to provide you with a reminder of any scheduled appointments for non-emergency ambulance, medical transportation, vaccinations/clinic appointments, or to provide information about other services we provide.

Use and Disclosure of PHI without Your Authorization: MCHD is permitted to use PHI *without* your written authorization, or opportunity to object in certain situations, including:

- For treatment, payment for services provided to you or in other health care operations or for the treatment activities of another health care provider;
- Healthcare and legal compliance activities;
- To a family member, other relative, or close personal friend or other individual involved in your care if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. In certain other circumstances where we are unable to obtain your agreement and believe the disclosure is in your best interest.
- To a public health authority in certain situations by law (such as reporting abuse or neglect or domestic violence);
- For health oversight activities including audits or government investigations, inspections, disciplinary proceedings, and other administrative or judicial actions undertaken by the government (or their contractors) by law to oversee the health care system;
- For judicial and administrative proceedings as required by a court or administrative order, or in some cases in response to a subpoena or other legal process;
- For law enforcement activities in limited situations, such as when there is a warrant for the request, or when the information is needed to locate a suspect or stop a crime;
- For military, national defense and security and other special government functions;
- To avert a serious threat to the health and safety of a person or the public at large;
- For workers' compensation purposes, and in compliance with workers' compensation laws;

- To coroners, medical examiners, and funeral directors for identifying a deceased person, determining cause of death, or carrying on their duties as authorized by law;
- We may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ donation and transplantation;
- For research projects, but this will be subject to strict oversight and approvals.
- We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.

Any other use or disclosure of PHI, other than those listed above will only be made with your written authorization. You may revoke your authorization at any time, in writing, except to the extent that we have already used or disclosed medical information in reliance on that authorization.

Patient Rights: As a patient, you have a number of rights with respect to the protection of your PHI, including:

The right to access, copy or inspect your PHI: This means you may come to our offices and inspect and copy most of the medical information about you that we maintain. We will normally provide you with access to this information within 30 days of your request. We may also charge you a reasonable fee to copy any medical information that you have the right to access. In limited circumstances, we may deny you access to your medical information, and you may appeal certain types of denials. We have available forms to request access to your PHI and we will provide a written response if we deny you access and let you know your appeal rights. If you wish to inspect and copy your medical information, you should contact the privacy officer listed at the end of this Notice.

The right to amend your PHI: You have the right to ask us to amend written medical information that we may have about you. We will generally amend your information within 60 days of your request and will notify you when we have amended the information. We are permitted by law to deny your request to amend your medical information only in certain circumstances, like when we believe the information you have asked us to amend is correct. If you wish to request that we amend the medical information that we have about you, you should contact the privacy officer listed at the end of this Notice.

The right to request an accounting of our use and disclosure of your PHI: You may request an accounting from us of certain disclosures of your medical information that we have made in the last six years prior to the date of your request. We are not required to give you an accounting of information we have used or disclosed for purposes of treatment, payment or health care operations, or when we share your health information with our business associates, like our billing company or a medical facility from/to which we have transported you. We are also not required to give you an accounting of our uses of PHI for which you have already given us written authorization. If you wish to request an accounting, you should contact the privacy officer listed at the end of this Notice.

The right to request that we restrict the uses and disclosures of your PHI: You have the right to request that we restrict how we use and disclose your medical information that we have about you. Except in limited circumstances, MCHD is not required to agree to any restrictions you request, but any restrictions agreed to by MCHD are binding on MCHD. MCHD will restrict disclosure of PHI, when requested by an individual, if the disclosure is for the purpose of carrying out health care operations and the PHI pertains solely to a health care item or service for which the individual, or other person, has paid MCHD in full.

Internet, Electronic Mail, and the Right to Obtain Copy of Paper Notice on Request: If we maintain a web site, we will prominently post a copy of this Notice on our web site and make the Notice available electronically through the web site. If you allow us, we will forward you this Notice by electronic mail instead of on paper and you may always request a paper copy of the Notice.

Revisions to the Notice: MCHD reserves the right to change the terms of this Notice at any time, and the changes will be effective immediately and will apply to all protected health information that we maintain. Any material changes to the Notice will be promptly posted in our facilities and posted to our web site, if we maintain one. You can get a copy of the latest version of this Notice by contacting the Privacy Officer identified below.

Your Legal Rights and Complaints: You also have the right to complain to us, or to the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated. You will

not be retaliated against in any way for filing a complaint with us or to the government. Should you have any questions, comments or complaints you may direct all inquiries to the privacy officer listed at the end of this Notice.

If you have any questions or if you wish to file a complaint or exercise any rights listed in this Notice, please contact:

Privacy Officer
1400 South Loop 336 West
Conroe, Texas 77304
936-539-1160

Revision Date of this Notice: October 1, 2013

Montgomery County Hospital District
Acknowledgement of Receipt of Notice of Privacy Practices

I hereby acknowledge that I have been provided with a copy of Montgomery County Hospital District's Notice of Privacy Practices on this date.

Date/Fecha

Signature/Firma

Print Name of Client/Nombre En Letra De Molde

Social Security Number

Effective Date of this Notice: April 14, 2003

HCAP Form A

Proof of Citizenship for MCHD HCAP

Please check [✓] one of the following as it applies to your citizenship status in the United States:

[] U.S. citizen (natural born or naturalized),

Alien lawfully admitted before 8/22/96 who meets one of the following requirements:

- [] – Refugee admitted under Section 207 of INA,
- [] – Victim of severe trafficking admitted under Section (101)(a)(15)(T) of INA
- [] – Asylee admitted under Section 208 of INA,
- [] – Alien whose deportation is withheld under Sections 243(h) or 241(b)(3) of INA,
- [] – Cuban/Haitian entrant paroled under Section 212(d)(5) of INA,
- [] – Amerasian Legal Permanent Resident (LPR),
- [] – Parolee granted status under Section 212(d)(5) of INA for at least one year,
- [] – Conditional Entrant admitted under Section 203(a)(7) of INA, or
- [] – LPR other than an Amerasian.

Alien lawfully admitted on or after 8/22/96 who meets one of the following requirements:

- [] – Refugee admitted under Section 207 of INA,
- [] – Victim of severe trafficking admitted under Section (101)(a)(15)(T) of INA
- [] – Asylee admitted under Section 208 of INA,
- [] – Alien whose deportation is being withheld under Section 243(h) or 241(b)(3) of INA,
- [] – Cuban/Haitian Entrant paroled under Section 212(d)(5) of the INA, or
- [] – Amerasian Legal Permanent Resident (LPR).
 - **NOTE: The aliens listed above meet the alien eligibility requirement for 5 years from their legal entry date into the United States**

Alien legally admitted for permanent residence who is:

- [] – Honorably discharged U.S. veteran, or
- [] – U.S. active duty military personnel, or
- [] – Spouse, unremarried surviving spouse, or minor unmarried dependent child of an honorably discharged U.S. veteran or U.S. active duty military personnel.

[] Alien who is the spouse or child of an honorably discharged U.S. veteran or U.S. active duty personnel and who has filed a petition with BCIS as being battered by the spouse or parent who no longer lives in the home.

[] A documented alien that has a current and valid green card.

Signature: _____

Date: _____

HCAP#: _____

Social Security #: _____

For Department use only:

Is residency requirement met? Yes or No (Circle residency determination and initial)

Signature: _____

Date: _____