Texas A&M Health Mobile Clinic
PH: (979) 436-0587
Fax: (979) 436-0046
NursingMobileClinic@tamu.edu

OFFICE POLICY

Locations and Hours:

Please see our website at https://nursing.tamu.edu/clinical-outreach/mobile-clinic.html for location and hours.

After Hour Care:

We do not provide after-hour care. If you experience a medical emergency, please call 911 and go to the nearest emergency room.

Arriving for Your Appointment:

Please bring past medical records and/or vaccination records, all current medications in their original bottles, insurance card, and photo ID to every appointment.

Patients should arrive 15 minutes before your scheduled appointment. New patients if you are not able to complete the patient packet in advance, please arrive 30 minutes prior to your appointment.

Treatment of Minors:

Patients under the age of 18 must be with a parent or legal guardian OR have written permission for treatment from a parent or legal guardian if accompanied by another adult unless the patient qualifies for an exception under federal or state law.

Cell Phone Usage:

In order to provide the best care possible, we request no cell phone usage during patient visits.

Prescriptions and Refills:

The best time to request a prescription refill is at your appointment. If you need a refill, please contact your pharmacy, and ***allow 72 hours for processing***. DO NOT wait until you have run out of medication. Some medications have side effects that need to be watched. We require check-up appointments every 3-4 months for these medications. Be sure to keep these follow-up appointments. Refills can be sent electronically, including controlled substances.

Controlled Substances:

If you require chronic use of controlled substances, our nurse practitioners will refer you to a specialist. You may be asked to agree to a controlled substances/pain medication contract and agree to submit to urine drug screens.

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Patient Information

First Name: _____ Middle Initial: _____ **Last**: _____

Previous Name, if applicable: _____ Preferred Name: _____

Address: _____

City: _____ **State**: _____ **Zip**: _____ **Country**: _____

Home Phone: _____ **Cell**: _____

Work: _____ **Ext**. _____

Email: _____

I authorize Texas A&M Health to send messages in the following methods using the information above. By accepting these terms, I agree that all individuals associated with my account may receive alerts referencing the account guarantor and/or dependents. Text message charges from my cell phone provider may apply.
It is important to know that text communication is not always secure. Text messages can be intercepted and for this reason, we do not communicate personal health information through this method.

☐ Email ☐ Voice Message ☐ Text ☐ DO NOT authorize telecommunications.

Date of Birth: _____

Sex at Birth: ☐ Male ☐ Female

Identify As: _____

Social Security Number: _____

Marital Status:

☐ Single ☐ Married ☐ Partner
☐ Divorced ☐ Widowed ☐ Legally Separated

Language: _____

Translation Services Needed: ☐ Yes ☐ No

Race: ☐ Decline to Specify

☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White
☐ Other (specify): _____

Ethnicity: ☐ Decline to Specify

☐ Hispanic or Latino ☐ Not Hispanic or Latino

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If Minor or Patient with Legal Guardian *(Please provide copies of up-to-date Guardianship documents)*

Mother's Name: _____ Date of Birth: _____

Phone: _____

Father's Name: _____ Date of Birth: _____

Phone: _____

Legal Guardian's Name: _____ Date of Birth: _____

Phone: _____ Relationship to Patient: _____

Emergency Contact

First Name: _____ Middle Initial: _____ **Last**: _____

Address: _____

City: _____ **State**: _____ **Zip**: _____

Relationship to Patient: _____ **Home Phone**: _____

Cell: _____ **Work**: _____ **Ext**. _____

Do you authorize your health information to be released to the Emergency Contact above?

☐ Yes ☐ No

Preferred Pharmacy

Name: _____ **Phone**: _____

Address: _____

City: _____ **State**: _____ **Zip**: _____

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AUTHORIZATION TO RELEASE MEDICAL INFORMATION

I authorize Texas A&M Health to discuss health information with the following individuals. This authorization will remain in effect until otherwise updated at a scheduled visit, or otherwise revoked in writing. A separate Authorization for Release of Medical Information Form MUST be completed by the Patient or Legal Guardian for medical record documents to be released.

I authorize Texas A&M Health to discuss health information with the following individuals

☐ Do NOT release any information, except to healthcare providers.

First Name: _____ Middle Initial: _____ **Last**: _____

Relationship to Patient: _____ **Phone**: _____

First Name: _____ Middle Initial: _____ **Last**: _____

Relationship to Patient: _____ **Phone**: _____

First Name: _____ Middle Initial: _____ **Last**: _____

Relationship to Patient: _____ **Phone**: _____

ACKNOWLEDGE AND CONSENT OF RECEIPT OF NOTICE OF PRIVACY

I have reviewed Texas A&M Health Science Center's Notice of Privacy. This policy explains how my medical information will be used and made known. I can get a copy of this document at no cost to me if I ask for it.

Patient/Legal Guardian Initial: _____

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MEDICAL TREATMENT CONSENT AND FINANCIAL AGREEMENT

I hereby voluntarily consent to medical treatment, including diagnostic procedures, surgical, and other medical services, provided by Texas A&M Health or their authorized designees, as they may in their professional judgment deem be necessary to provide appropriate medical care.

All Medical Fees are due at the time of your appointment, unless other arrangements have been approved.

- Services are rendered to the patient, not the insurance company. Our office will file with your insurance if proper information is received.
    - You are responsible for co-pays, deductibles, non-covered services, co-insurance, and items considered "not medically necessary" by your insurance.
    - For unpaid claims over 45 days, it is your responsibility to follow up with your insurance company, and the balance may be considered due and payable.
- It is your responsibility to notify the office of any changes to your insurance or demographics.
- You will be responsible for any charges that occur if changes to your current insurance are not communicated at the time of service.
- Expenses incurred to collect patient-responsible debt may be charged to the patient or guarantor.

By signing,

- I authorize Texas A&M Health to submit bills to my insurance company for services provided by my medical providers.
- I authorize the release of information of the patient's necessary medical information in order to process claims associated with medical care.
- I authorize payment to be made to Texas A&M Health for Services provided by them.
- I have received and/or accept to the following agreements and/or policies:
    - **Received Office Policy & No Show Policy**
    - **Authorization to Release Medical Information to Personal Representative**
    - **Notice of Privacy**
    - **Consent for Prescription Reconciliation**
    - **Consent Agreement for Telecommunications/emails**
    - **Medical Treatment Consent and Financial Agreement**

_____	_____
Name of Patient (Please Print)	*Date*
_____	_____
Signature of Patient or Legal Guardian	*Relationship to Patient*

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CONSENT FOR MY HEALTHCARE PROVIDER(S) TO VIEW MY HEALTH INFORMATION IN THE HEALTH INFORMATION EXCHANGE

This consent allows you to permit Texas A&M Health to view and access your health information through a computerized system called a Health Information Exchange. The Health Information Exchange collects information from the places where you receive medical treatment and makes it available electronically to your Provider at Texas A&M Health. Your health information is used by your Provider at Texas A&M Health for a higher quality of care and to coordinate your medical care with other healthcare providers.

If you give your consent, Texas A&M Health Providers will be able to view all your health information in the Health Information Exchange for your care.

1. When your provide consent, Health Information Exchange participants (such as doctors, hospitals, laboratories, radiology centers, and pharmacies), will have access to your health information. It can only be used to:
    - Provide you with medical treatment and related services.
    - Evaluate and improve the quality of medical care provided to all patients, using de-identified health information.

2. The information about you comes from participating organizations that have provided you with medical care. These may include hospitals, physicians, pharmacies, clinical laboratories, and other health care organizations. Your health records may include a history of illnesses or injuries you have had (like diabetes or a broken bone), test results (like X-rays or blood tests), and lists of mediations your doctor has prescribed. This may include information created before the date of this CONSENT form. This information may relate to sensitive health conditions, including, but not limited to:
    - Alcohol or drug use problems
    - Genetic (inherited) diseases or tests
    - HIV/AIDS
    - Mental health conditions
    - Birth control and abortion (family planning)
    - Sexually transmitted diseases

3. Electronic information about you may be disclosed by a participating doctor to others only to the extent permitted by Federal and State law. If at any time you suspect that someone who should not have seen or received information about you has done so, you should notify your provider.

4. Your consent becomes effective upon signing this form and will remain in effect until the day you revoke it with Texas A&M Health.

5. You may revoke your consent at any time by signing a new consent form during the registration process. Changes to your consent status may take up to 72 hours to become active/revoked in the system.

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6. Federal and state laws and regulations protect your medical information. HIPAA, the Healthcare Insurance Portability and Accountability Act of 1996, is the federal law that protects your medical records and limits who can look at and receive your health information, including electronic health information. HIPAA's protections were further strengthened by another federal law, the HITECH Act of 2009, which may impose severe financial fines on anyone who violates your medical privacy rights. All health information made available on the Health Information Exchange, including your medical information, is encrypted to federal standards. Texas A&M Health Notice of Privacy Practices describes how your medical information is used and protected.

7. You are entitled to receive a copy of this Consent Form after you sign it.

Texas A&M Health are current members of the following Health Information Exchanges:

- Care Quality
- Commonwell
- Greater Houston Healthconnect

Initial by **ONLY ONE** to indicate your consent or deny consent.

_____ **I GIVE CONSENT** for Texas A&M Health Providers to access my health information through **ALL** available Health Information Exchanges (listed above)

_____ **I DENY CONSENT** for Texas A&M Health Providers to access my health information through the Health Information Exchanges

_____ _____
Name of Patient (Please Print) *Date*

_____ _____
Signature of Patient or Legal Guardian *Relationship to Patient*

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PATIENT CONSENT FORM
TO USE SUNOH.AI DURING MEDICAL ENCOUNTERS

We are committed to providing the best possible care for you, and part of this commitment, we are continually looking for ways to enhance our services.

Texas A&M Health uses Sunoh.ai, an artificial intelligence (AI) tool that assists us during patient encounters by generating clinical notes based on our recorded conversations. The recorded conversation will be deleted automatically within 7 days. This tool allows us to focus more on you, the patient, and less on computer documentation.

What is Sunoh.ai?
Sunoh.ai is a tool that listens to the conversation during a medical consultation and generates a written summary or "note" based on that conversation. This note is then reviewed and approved by the provider.

How will this affect you?
The AI tool does not interact with you directly. It merely listens to the conversation and creates a summary. This can allow the provider to focus more on the visit and less on taking notes.

Data Privacy and Confidentiality
We assure you that your privacy is our utmost priority. The AI tool adheres strictly to Health Insurance Portability and Accountability Act (HIPAA) compliance guidelines to ensure your data is secured and protected. Only the healthcare professionals involved in your care will have access to these notes.

Consent
Your participation is completely voluntary. If you agree to the use of Sunoh.ai during your consultations, please sign and date below. If you have any questions or concerns, please feel free to ask.

_____	_____
Name of Patient (Please Print)	*Date*
_____	_____
Signature of Patient or Legal Guardian	*Relationship to Patient*