

## COMPONENTS *of the* EXECUTIVE EXAM at TEXAS TECH PHYSICIANS



### MEDICAL HISTORY & PHYSICAL EXAM

Data entered into the medical questionnaire is thoroughly analyzed by our physicians. They will review past medical history, family history and current symptoms or concerns for potential future problems. After processing this information, recommendations for making changes for a healthy lifestyle will be provided.



### COMPREHENSIVE LAB SCREENING

Used to detect diabetes, cardiac and stroke risk factors, thyroid disorders, liver and kidney disease, cancer and anemia.



### CARDIOVASCULAR SCREENING

Screenings detect any underlying symptoms of heart disease. A stress test uses standardized protocol to analyze the body's physiological response to exercise and assess the condition and the function of the heart. An electrocardiogram is used before, during and post exercise. Secondly, the test is used as a fitness assessment to measure one's fitness level. This is recommended annually.



### COMPUTED TOMOGRAPHY (CT) SCAN

An upper torso scan that is used to detect calcium build up in the heart's arteries – a risk factor for development of coronary artery disease. This scan also looks at the lungs and abdominal organs for any signs of cancer or pathology. Male baseline is age 40 and female baseline is at age 40-50.



### BONE DENSITY/OSTEOPOROSIS SCREENING

A low dose radiation screening of the density of the spine and hipbones to screen for osteoporosis or osteopenia. Baseline for women is age 40 and for men age 60. Screening is clinically indicated per physician discretion.



### FINAL DEBRIEF

The comprehensive exam physician will create a detailed summary of health and wellness at the conclusion of the examination. Patients are encouraged to ask questions about their health and recommendations the physician makes regarding lifestyle changes or further counseling. Our expert dietitian and physician will work together to develop an action plan that transforms your lifestyle that will meet your desired goals.

# EXECUTIVE EXAM

TEXAS TECH PHYSICIANS

PERMIAN BASIN



## NEW PATIENT INFORMATION PACKET

### IMPORTANT PAPERWORK

- ✦ Complete your TEXAS TECH PHYSICIANS medical history questionnaire.
  - ✦ If you have been here before, we will ask you to review and update your medical history when you arrive.
  - ✦ Complete your TEXAS TECH PHYSICIANS administrative paperwork.
- ✦ Retrieve and collect medical records that would be of importance for the day of the exam. Examples would include any cardiovascular tests/surgery information, gastroenterology and radiology procedures and hospital admittance (for illness or procedures).
- ✦ Bring a list of current medication and vitamins with dosage and frequency information.
- ✦ To verify that your records are up to date, please bring your immunization records.

### MEDICATIONS & ACCOMODATIONS

- ✦ Please continue your normal medication protocol, whether that is taking them the night before or first thing in the morning.
- ✦ For diabetic patients, bring your medications and any necessary snacks. When checking in, please inform the staff you are a diabetic.
- ✦ If you are an out of town guest, a staff member will provide and coordinate a listing of surrounding hotels and ground transportation.

### PROPER ATTIRE

- ✦ Dress comfortably. Workout clothes (shorts and T-shirts) and athletic shoes are required. You may want to bring a fleece or a long sleeve shirt to wear in between exams.
  - ✦ *Ladies:*
    - Do not wear an underwire bra for the treadmill, as it will interfere with the test.
    - Do not wear full length tights. Capris and shorts are a better option.
- ✦ Do not apply any lotion to your skin prior to the test. This will make the stress test difficult to perform because the electrodes will not stick.

### FASTING & HYDRATION

- ✦ Because they may interfere with lab results, refrain from alcohol and exercise 24 hours prior to your exam please.
- ✦ Start your fast 12 hours prior to your blood draw. Avoid all foods until after you have had your blood drawn. Drink all the water you want.

### DIET

- ✦ If you would like to visit with a dietician and have your daily eating habits analyzed, please fill out a daily food journal and submit prior to your exam.
- ✦ Dieticians will analyze your food journal and prepare an action plan specifically designed for your needs/wants.
- ✦ Drink plenty of water prior to the exam so you will be hydrated for labs and the stress test.

## PAYMENT POLICY

- ✦ Payment is due at the time of service. For your convenience, we do accept credit or debit cards, personal check or cash.
- ✦ If you are under a corporate account that has arrangements with the EXECUTIVE EXAM, your costs will be paid for by the corporation agreement. Any procedures that are not covered by the agreement are the responsibility of the patient, and payment is due at the end of the visit.
- ✦ Our procedures are not covered by insurance because elective/preventive procedures are not generally covered by insurance.

## CANCELLATION POLICY

- ✦ If you need to cancel your Texas Tech Physicians Executive Exam, do so at least one week in advance, or you will be charged a \$350 cancellation fee.
- ✦ To cancel or reschedule an appointment, please call or email us at:

844.357.2829 | [executivemedicinepermian@ttuhsc.edu](mailto:executivemedicinepermian@ttuhsc.edu)

## DAY OF YOUR EXAM

The TEXAS TECH PHYSICIANS EXECUTIVE EXAM is a thorough, preventive and diagnostic exam and evaluation. Your first exam will establish your baseline of health. You will have ample time to discuss your health and any questions with your physician. You will discuss new habits to implement into your routine for a healthier lifestyle. At the end of the day, your physician will give you recommendations to follow up on certain testing, lifestyle changes, exercises and prescriptions. In the following days, you will receive a complete comprehensive report that is prepared specifically for you by your TEXAS TECH PHYSICIANS EXECUTIVE EXAM team.



- ✦ You will be asked to check-in between 7:30 a.m. and 9:30 a.m. depending on your appointment time.
- ✦ Expect your exam to take five to six hours, but it could take more time depending on findings and additional testing.
- ✦ At check-in, a staff member will guide you through what exams will be done and what the flow of the day will be like.
- ✦ After check-in, you will be escorted to have your comprehensive labs and blood drawn.
- ✦ After labs, you will be escorted up to the Patient Consult Lounge where you can enjoy a light breakfast, coffee, tea or juice or just relax.
- ✦ You will have time to sit down and discuss your medical questionnaire and answer any questions that you may have about your health.
- ✦ We will provide you a healthy, nutritious lunch that is chef prepared.

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## ADDRESS & PARKING

- ✦ Patient parking is available out in front of the building beyond the circle driveway. There is additional parking across the street (North N Street) east of TEXAS TECH PHYSICIANS.
- ✦ Enter through the sliding doors and a representative from *The EXECUTIVE EXAM* team will meet you in the lobby.

TEXAS TECH PHYSICIANS  
301 North N Street | Midland, TX 79701



EXECUTIVE EXAM

PATIENT NAME:

MRN:

DOB:

TEXAS TECH PHYSICIANS

PERMIAN BASIN



ALTERNATE FORMS OF COMMUNICATION

TTUHSC values the privacy of its patients and is committed to operating our practice in a manner that promotes patient confidentiality while providing high quality patient care. Some patients request they be contacted at alternate addresses or phone numbers. TTUHSC will accommodate reasonable requests.

ADDRESS WHERE I WANT MAIL SENT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER WHERE YOU CAN REACH ME DURING THE DAY: \_\_\_\_\_

PHONE NUMBER WHERE YOU CAN REACH ME DURING THE NIGHT: \_\_\_\_\_

ADDITIONAL PHONE NUMBERS TO REACH ME, I.E., CELL PHONE: \_\_\_\_\_

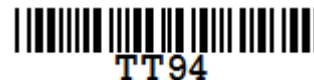
FAX NUMBER TO SEND ME INFORMATION: \_\_\_\_\_

DATE:

PRINT YOUR NAME  
(PERSON SIGNING CONSENT FORM)

SIGNATURE  
(PATIENT OR OTHER LEGALLY AUTHORIZED PERSON)

RELATIONSHIP TO PATIENT



<b>EXECUTIVE EXAM</b>		PATIENT NAME: _____
TEXAS TECH PHYSICIANS		MRN: _____
PERMIAN BASIN		DOB: _____



### CONFIDENTIAL COMMUNICATION REQUEST

TTUHSC values the privacy of its patients and is committed to operating our practice in a manner that promotes patient confidentiality while providing high quality patient care. TTUHSC will accommodate reasonable requests.

If you need copies of medical records, you will need to complete a different authorization form. Please ask a staff member for the required form.

Permission to give verbal protected health information or leave messages with the following person(s):  
 Example: family members, friends, personal caregivers, etc. You do not need to list any medical providers who are involved in your care. The patient and individuals listed below must provide at least one of the following: patient's address, patient's date of birth, last four digits of the patient's Social Security number.

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE #: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE #: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE #: \_\_\_\_\_

Permission to call the following numbers to leave messages (without disclosing protected health information): *Please note that TTUHSC cannot leave specific test results or details of treatment plan on answering machines or voice mail due to our concern for your privacy.*

PHONE #: \_\_\_\_\_ PHONE #: \_\_\_\_\_

Permission to use e-mail address for the purpose of providing information about on-line patient portal and general information about TTUHSC.

E-MAIL ADDRESS: \_\_\_\_\_

Please complete the following questions for additional level of security which staff may ask if they have concerns on releasing your information. *Please provide at least one answer.*

1. WHAT WAS YOUR MOTHER'S MAIDEN NAME? \_\_\_\_\_
2. WHAT TOWN WERE YOU BORN IN? \_\_\_\_\_
3. WHAT IS YOUR GRANDMOTHER'S NAME? \_\_\_\_\_
4. WHAT IS THE NAME OF YOUR FIRST PET? \_\_\_\_\_

DATE: _____	PRINT YOUR NAME (PERSON SIGNING CONSENT FORM)	SIGNATURE (PATIENT OR OTHER LEGALLY AUTHORIZED PERSON)
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\_\_\_\_\_  
RELATIONSHIP TO PATIENT



<b>EXECUTIVE EXAM</b>		PATIENT NAME:
TEXAS TECH PHYSICIANS		MRN:
PERMIAN BASIN		DOB:



### CONSENT TO TREATMENT/HEALTH CARE AGREEMENT

**CONSENT TO TREATMENT:** I voluntarily consent to receive medical and health care services provided by Texas Tech University Health Sciences Center physicians, employees and such associates, assistants, and other health care providers (otherwise referred to as "TTUHSC"), as my physicians deem necessary. I understand that such services may include diagnostic procedures, examinations, and treatment. I understand photographs, videotapes, digital and/or other images may be made/recorded for treatment and payment purposes only. I understand that TTUHSC is a teaching institution. I acknowledge that no warranty or guarantee has been made to me as to result or cure.

I acknowledge that TTUHSC may use health information exchange systems to electronically transmit, receive and/or access my medical information which may include, but is not limited to, treatments, prescriptions, labs, medical and prescription history, and other health care information.

I understand that this Consent to Treatment/Health Care Agreement will be valid and remain in effect as long as I attend or receive services from the TTUHSC Ambulatory Clinics, unless revoked by me in writing with such written notice provided to each clinic I attend or from which I receive services.

**RELEASE OF MEDICAL INFORMATION:** I acknowledge that "protected health information" pertains to my diagnosis and/or treatment at TTUHSC including, but not limited to, information concerning mental illness (except for psychotherapy notes), use of alcohol or drugs, or communicable diseases such as Human Immunodeficiency Virus ("HIV") and Acquired Immune Deficiency Syndrome ("AIDS"), laboratory test results, prescriptions, medical history, prescription history, treatment progress or any other such related information.

I acknowledge that the "Notice of Privacy Practices" provides information about how TTUHSC and its workforce may use and/or disclose protected health information about me for treatment, payment, health care operations, and as otherwise allowed by law. I understand TTUHSC cannot be responsible for use or re-disclosure of information by third parties.

**FINANCIAL RESPONSIBILITY AND ASSIGNMENT OF BENEFITS:** In consideration for receiving medical or health care services, I hereby assign to TTUHSC physicians and providers and/or the TTUHSC Medical Practice Income Plan my right, title, and interest in all insurance, Medicare/Medicaid, or other third-party payer benefits for medical or health care services otherwise payable to me. I also authorize direct payments to be made by Medicare/Medicaid and/or my insurance company or other third-party payer, up to the total amount of my medical and health care charges, to TTUHSC physicians and/or Medical Practice Income Plan. I certify that the information I have provided in connection with any application for payment by third-party payers, including Medicare/Medicaid, is correct.

*I agree to pay all charges for medical and health care services not covered by, or which exceed, the amount estimated to be paid or actually paid by Medicare/Medicaid, my insurance company, or other third-party payer, and agree to make payment as requested by TTUHSC.*

**ADVANCE DIRECTIVE:** HAS AN ADVANCE DIRECTIVE BEEN SIGNED?  YES  NO  
 IF YES, IS IT STILL IN EFFECT?  YES  NO  
 HAS A SIGNED COPY BEEN PROVIDED TO TTUHSC?  YES  NO

**NOTICE OF PRIVACY PRACTICES:**  
 I have received or reviewed a copy of TTUHSC's Notice of Privacy Practices. \_\_\_\_\_ (Patient's Initials)

*I certify that I have read this form or it has been read to me\*.*

DATE	PRINT NAME	SIGNATURE PATIENT / LEGALLY AUTHORIZED PERSON
TIME	WITNESS/TRANSLATOR*	RELATIONSHIP TO PATIENT

# EXECUTIVE EXAM

TEXAS TECH PHYSICIANS

PERMIAN BASIN



## NOTICE OF PRIVACY PRACTICES

EFFECTIVE: *April 14, 2003* | REVISED: *March 3, 2016*

*THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.*

### ABOUT THIS NOTICE:

Texas Tech University Health Sciences Center (TTUHSC) is dedicated to maintaining the privacy of your Protected Health Information (PHI). TTUHSC provides health care services and items through its Schools of Medicine, Nursing, Pharmacy and Allied Health Sciences. TTUHSC provides services at its main community hospitals, ambulatory care clinics, ambulatory surgical centers, pharmacies, research units and several community service outreach centers throughout West Texas. TTUHSC is required by law to maintain the privacy of your PHI and provide you with notice of its legal duties and privacy practices. This notice of privacy practices describes how TTUHSC may use or disclose your PHI. PHI includes any information that relates to (1) your past, present, or future physical or mental health or condition; (2) providing health care to you; and (3) the past, present, or future payment for your health care. For TTUHSC at Lubbock, University Medical Center (UMC), and UMC Physicians Network Services (PNS) participate in a clinically integrated health care setting which is considered an organized health care arrangement under HIPAA. This arrangement involves participation of three legally separate entities in the delivery of health care services in which no entity will be responsible for the medical judgment or patient care provided by the other entities in the arrangement. Each entity within this arrangement (TTUHSC, UMC, and PNS) will be able to access and use your PHI to carry out treatment, payment, or health care operations. The terms of this notice shall apply to TTUHSC's privacy practices until it is changed by TTUHSC.

### YOUR PRIVACY RIGHTS:

*When it comes to your health information, you have certain rights.* This section explains your rights and some of our responsibilities to help you.

- + **Get an electronic or paper copy of your medical record.** You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. We will provide a copy or a summary of your health information, within 14 days of your request. We may charge a reasonable, cost-based fee.
- + **Ask us to correct your medical record.** You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say "no" to your request, but we'll tell you why in writing within 60 days.
- + **Request confidential communication.** You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say "yes" to all reasonable requests.
- + **Ask us to limit what we use and share.** You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.
- + **Get a list of those with whom we've shared information.** You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will provide accounting once a year for free, but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- + **Get a copy of this privacy notice.** You can ask for a paper copy of this notice at any time, even if you have agreed to receive this notice electronically. We will provide you with a paper copy promptly.
- + **Choose someone to act for you.** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.
- + **File a complaint if you feel your rights are violated.** You may file a complaint in one of the following ways:
  - Contact the TTUHSC privacy official at the address indicated below
  - Use our confidential website at [www.Ethicspoint.com](http://www.Ethicspoint.com)
  - Contact The Office for Civil Rights:

United States Department of Health and Human Services  
1301 Young Street, Suite 1169, Dallas, Texas 75202  
[www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)

We will not retaliate or take action against you for filing a complaint.



## YOUR CHOICES:

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

- + ***In these cases, you have both the right and choice to tell us to:***
  - Share information with your family, close friends, or others involved in your care.
  - Share information in a disaster relief situation.
  - Include your information in a hospital directory
  - If you are not able to tell us your preference, for example if you are unconscious, we may share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.
- + ***In these cases we never share your information unless you give us written permission:***
  - Marketing purposes
  - Sale of your information
  - Most sharing of psychotherapy notes

## TTUHSC USES AND DISCLOSURES:

***How do we typically use or share your health information?*** The following uses do **NOT** require your authorization, except where required by Texas Law.

- + ***Treat you.*** We can use your health information and share it with other professionals who are treating you. For example: a doctor treating you for an injury asks another doctor about your overall health condition.
- + ***Run our organization.*** We can use and share your health information to run our practice, improve your care, and contact you when necessary. For example, we use health information about you to manage your treatment and services.
- + ***Bill for your services.*** We can use and share your health information to bill and get payment from health plans or other entities. For example, we give information about you to your health insurance plan so it will pay for your services.
- + ***In the case of fundraising.*** We may use your PHI to contact you for fundraising efforts. We must include in any fundraising material you receive a description of how you may opt out of receiving future fundraising communications.
- + ***How else can we use or share your health information?*** We are allowed or required to share your information in other ways—usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)

- + ***Help with public health and safety issues.***

We can share health information about you for certain situations such as:

  - Preventing disease
  - Helping with product recalls
  - Reporting adverse reactions to medications
  - Reporting suspected abuse, neglect, or domestic violence
  - Preventing or reducing a serious threat to anyone's health or safety
- + ***Conducting research.*** We can use or share your information for health research.
- + ***Comply with the law.*** We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
- + ***Respond to organ and tissue donation requests.*** We can share health information about you with organ procurement organizations.
- + ***Work with a medical examiner or funeral director.*** We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
- + ***Address workers' compensation, law enforcement, and other government request.***

We can use or share health information about you:

  - For workers' compensation claims
  - For law enforcement purposes or with a law enforcement official
  - With health oversight agencies for activities authorized by law
  - For special government functions such as military, national security, and presidential protective services
- + ***Respond to lawsuits and legal actions.*** We can use or share health information about you in response to a court or administrative order, or in response to a subpoena.

## TTUHSC RESPONSIBILITIES:

- + We are required by law to maintain the privacy and security of your protected health information.
- + We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- + We must follow the duties and privacy practices described in this notice and give you a copy of it.
- + We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

**CHANGE IN NOTICE OF PRIVACY PRACTICES:**

TTUHSC reserves the right to change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

**QUESTIONS:**

If you have any questions about this notice or would like additional information, please contact the privacy official at the address and telephone number listed below or you may visit our web site at: [www.ttuhs.edu/hipaa](http://www.ttuhs.edu/hipaa)

**PRIVACY OFFICIAL CONTACT INFORMATION:**

REGIONAL PRIVACY OFFICER *at* AMARILLO  
1400 Coulter Road | Amarillo, TX 79106  
(806) 414-9607

REGIONAL PRIVACY OFFICER *at the* PERMIAN BASIN  
800 West 4th Street | Odessa, TX 79763  
(806) 743-9539

REGIONAL PRIVACY OFFICER *at* LUBBOCK  
3601 4th Street, STOP 8165 | Lubbock, TX 79430  
(806) 743-9541

[WWW.ETHICSPPOINT.COM](http://WWW.ETHICSPPOINT.COM)

*TTUHSC provides for program accessibility to members of the public. Those who need materials in Braille, large print, tape format, or who need an interpreter or telecommunications device for the deaf are asked to contact the clinic manager.*

