



# PULSE

September 28, 2018  
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## NEWS OF INTEREST TO RPMH EMPLOYEES

### EMPLOYEE OF THE MONTH



Congratulations to TJ Wilson, our September Employee of the Month! TJ has been working at RPMH since May 10, 2010. He was a temporary employee in the Business Office until December 4, 2017 when he accepted the position of full time HR Assistant. A co-worker nominated TJ for Employee of the Month. The nomination read, "I appreciate TJ and all that he does. He always has a sweet smile on his face." The co-worker went on to say that "He is always so eager to help and always on top of things!" TJ was a 1999 graduate of Monache High School and attended Porterville College, both located in Porterville California. He and his wife Brittany live in Sweetwater with their children Brodie and Paizley. Congratulations TJ! Thanks for all you do to make RPMH a great place.

### SPECIAL DAYS



*October is American Pharmacist Month, Breast Cancer Awareness Month & National Physical Therapist Month*

- October 1 – 7 Healthcare Food Service Worker's Week
- October 8-14 Healthcare Security & Safety Week
- October 10 Lunch & Learn Colorectal Cancer Dr Lang
- October 14-20 ER Nurses Week, Case Worker Week & Infection Control Week
- October 16 National Bosses Day
- October 21-27 National Respiratory Care Week
- October 25 Breast Cancer Survivor Luncheon
- October 31 RPMH Trunk or Treat & Pumpkin Decorating Contest
- November 4 Time Changes – Move Clock Back One Hour

Volunteering is  
a work of heart



### VOLUNTEER NEWS

Thanks to all that shopped our book sale! It was a great success!

**Can you name the Core Values of RPMH? They are Excellence, Accountability, Stewardship, Compassion and Others First.**

## SPECIAL MENTIONS



Amanda Gonzales  
Bridget Gomez  
Diane Calcote  
Dr. Frazier  
Dr. Liedtke  
Dr. Majkowski  
Dr. Moore  
Dr. Smola

Janell Walker  
Keri Halford  
Lila Monroy  
Merry Johnson  
Ranai Foster x 2  
Shauna Hoskins x 2  
Joanie Figueroa

## NEW EMPLOYEES



**WELCOME!!!**

## Welcome New RPMH Employees:

### CARDIOPULMONARY SERVICES

Kristen Harper  
Jaquelyn Hale

### NURSING

Rachel Brushett, RN  
Kimberly Dean, RN

### ENVIRONMENTAL SERVICES

Alyssa Ramirez

### LAB

Jessica Kahsar

### RADIOLOGY

Ashley Burton

### RURAL HEALTH CLINIC

Karen Gutierrez, LVN

## PATIENT OPINION POLL



"Detessa Fowler out did herself! She went above and beyond for my son to keep him happy and entertained. She got warm blankets as we needed and has the best bedside manner. All of the nurses were extremely sweet and helpful!"

"Dusty Hoskins and Lisa Delgado were friendly, helpful and very welcoming! Great Team!"

"I received great service from Dr. Lang, Loran Hendrix, Victoria Espinoza, Janell Walker and Kim Watson. They were very nice, sweet and kind."

"I would like to acknowledge Joanie Figueroa, Dr. Bermudez' nurse. She exemplifies what a good and caring nurse is all about. She not only takes great care of her patients, but makes sure orders for Lab, x-ray and faxing prescriptions are done. RPMH is lucky to have her on their team!"

"The care was great! All hospital personnel were very helpful, pleasant and cheerful. It is great to know there is such a great hospital so close to home."

## PROFESSOR ED



# EDUCATION



Online Education: [health.edu](http://health.edu), [growing up with us.com](http://growingupwithus.com)  
(newsletter staff login: 435617), [txhealthsteps.com](http://txhealthsteps.com),  
[netce.com](http://netce.com)

CPR Class: October 16<sup>th</sup> 2018 from 1:00 pm to 3:00 pm  
in the Cardiac Wellness Classroom

Safety Storm Gamma: October 25<sup>th</sup> & 26<sup>th</sup>, 10am-11am,  
1pm-2pm in the Cardiac Wellness Classroom

Jewel Parker, R.N.  
Staff Educator  
Ext. 6056

**ATTENTION: REVISED**

**AUTHORIZATION FOR USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION**

**HENRIETTA**



**THE HIPAA HIPPO**

HIPAA states that hospitals and healthcare providers may not use or disclose protected health information (except for treatment, payment and healthcare operations) without a valid signed authorization from the patient. The HIPAA privacy standards are very specific about what has to be included on the authorization form for the form to be considered valid. These are included in policy 2638 in Policy Tech. The Authorization form itself – policy 2637 -- has been revised to include all of these requirements as well as including Rolling Plains Memorial Hospital Rural Health Clinic and Rolling Plains Memorial Hospital Medical Associates on the form. See the revised form below with the changes highlighted.

- Rolling Plains Memorial Hospital 200 East Arizona Sweetwater, Texas 79556
- Rolling Plains Memorial Hospital Rural Health Clinic 201 East Arizona Sweetwater, Texas 79556
- Rolling Plains Memorial Hospital Medical Associates 301 Jenny George Lane Sweetwater, Texas 79556

**AUTHORIZATION FOR USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION**

Patient name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Patient Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

1. I authorize Rolling Plains Memorial Hospital to make the disclosure or use the above named individual's protected health information as described below.

2. The information to be used or disclosed from dates \_\_\_\_\_ to \_\_\_\_\_ is:

- Emergency room record  EKG  X-ray
- History and physical  EEG  CT scan
- Discharge summary  Lab (Specify):  MRI
- Consultation report \_\_\_\_\_
- Nuclear medicine \_\_\_\_\_
- Operative report \_\_\_\_\_
- Ultrasound \_\_\_\_\_
- Pathology report \_\_\_\_\_
- Mammogram \_\_\_\_\_
- Billing records \_\_\_\_\_  Other
- (specify): \_\_\_\_\_
- Other (specify): \_\_\_\_\_
- \_\_\_\_\_  Autopsy report \_\_\_\_\_

3. Disclosure format:  Paper  Fax \_\_\_\_\_  Email \_\_\_\_\_  
 Electronic  USPS \_\_\_\_\_  Other \_\_\_\_\_

4. \_\_\_\_\_ I understand that my medical record may contain information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV), mental or behavioral health services, developmental disability health services, or treatment for alcohol and drug abuse. By initialing here I authorize its disclosure.

5. The above protected health information may be disclosed to and used by the following individual or organization:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax (health care provider only): \_\_\_\_\_

6. The purpose of this disclosure is for the following:

Continued medical care     Commercial insurance     Attorney/legal reasons  
 Personal use     Worker's Compensation     At the request of the individual

7. I understand that I have a right to revoke this authorization at any time. The revocation must be in writing, dated later than the original authorization and signed by me or my personal representative, and presented to the facility noted above. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company if law provides my insurer with the right to contest a claim under my policy.

8. Unless otherwise revoked, this authorization will expire on the following date, event, or condition: \_\_\_\_\_. If I fail to specify an expiration event or condition, this authorization will expire in six (6) months (or 180 days).

9. I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I need not sign this form in order to ensure treatment. I understand that I may inspect or copy information to be used or disclosed, as provided in CFR 164.524. I understand that any disclosure of information carries with it the potential for an unauthorized redisclosure and the information may not be protected by federal privacy rules.

10. If this authorization is being requested by the facility noted above for its' own uses and disclosures of a patient's protected health information, then a signed copy of the authorization will be given to the patient and the use and disclosure documented.

11. I understand that there may be a fee charged for the copying of the requested information.

\_\_\_\_\_  
Signature of patient or personal representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
If signed by personal representative, relationship to patient

\_\_\_\_\_  
Signature of witness

## National Preparedness Month



National Preparedness Month (NPM), recognized each September, provides an opportunity to remind us that we all must prepare ourselves and our families now and throughout the year. This NPM will focus on planning, with an overarching theme: **Disasters Happen. Prepare Now. Learn How.**

Take time to learn lifesaving skills – such as CPR and first aid, check your insurance policies and coverage for the hazards you may face, such as flood, earthquakes, and tornados. Make sure to consider the costs associated with disasters and save for an emergency. Also, know how to take practical safety steps like shutting off water and gas.



The devastating hurricanes and wildfires of 2017 reminded the nation of the importance of preparing for disasters. Often, we will be the first ones in our communities to take action after a disaster strikes and before first responders arrive, so it is important to prepare in advance to help yourself and your community.









