YOUR GUIDE TO Surgery
**OUR MISSION**
To provide exceptional care to every patient every day with a spirit of warmth, friendliness and personal pride

**OUR VALUES**
- I Integrity
- C Compassion
- A Accountability
- R Respect
- E Excellence

**OUR GOALS**
- Exceptional Care
- Customer Loyalty
- Financial Strength
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Welcome

Through the years, we’ve seen much progress in health care and at our hospital. But one thing remains the same – our dedication to providing superior service and compassionate care.

Compassion begins before your child arrives for surgery. We want your child to feel comfortable about their upcoming procedure and have prepared this handbook to answer your questions and ensure you and your child know what to expect.

St. David’s HealthCare is at the forefront of surgical care, bringing the very latest technologies and innovations to Central Texas. Each of our six acute care hospitals offers state-of-the-art surgical facilities equipped with advanced imaging and diagnostic technologies, including specialized operating suites for cardiology, neurology, robotic, and image-guided surgery.

Thank you for choosing St. David’s Children’s Hospital.
PREPARING FOR SURGERY

It is important to talk with your child before surgery to reduce stress by helping your child know what to expect. By preparing your child for surgery, your child’s ability to cope and the trust in our staff will increase. Preparations also help your child to cooperate, reduce fears, lessen misunderstandings, and decrease behavior problems after surgery.

The following are ideas to keep in mind when preparing your child:

**Toddler (1–2 years old)**
- Talk with your child the evening before or the day of surgery.
- Remain calm and confident – children pick up on your feelings.
- Focus on the surgery making something better.
- Provide simple, honest answers to your child’s questions.
- Avoid making promises that you do not have control over.
- Explore doctor equipment and doctor play with a favorite stuffed animal.

**Preschool (3–5 years old)**
- Talk with your child about 2–3 days before coming in for surgery. This will allow the child time to process information and ask questions.
- Focus on what your child will actually see, hear, and feel while he or she is awake before and after surgery.
- Use less threatening words. For example, “make a small opening” instead of “cut open.”
- Have repeat discussions about the surgery to make sure your child understands.
- Encourage your child to play with a toy medical kit and read books about coming to the hospital.

**School Age (6–11 years old)**
- Talk with your child when the surgery is scheduled. Children often pick up on what is happening and may misunderstand what they hear.
- Let him or her know what part of the body the doctor is going to fix and why.
- Make sure your child knows that he or she will be in a special sleep during the surgery and will not feel anything.
- Have your child explain back to you what is going to happen in the hospital. This can help you learn whether or not your child has a clear understanding.

**Teenagers (12 years old and up)**
- Allow for independence and offer opportunities for your teen to be involved in the surgery’s questions and decisions.
- Validate concerns involving anesthesia, privacy, and missing friends and school.
- Answer questions honestly.

**Other considerations for all ages**
- Bring a favorite toy, activity, stuffed animal or blanket. It can assist during wait times.
- When you feel secure, so does your child. Make sure you have all that you need to be comfortable.
- Continue to answer your child’s questions honestly to maintain trust. If you child has a question that you don’t know the answer to, be honest. “I don’t know. Let’s write down that question so that we can ask the doctor or nurse.” A child life specialist can help answer questions in a way your child can understand. Child Life phone number: XXX-XXX-XXXX
- Help offer a sense of control by providing realistic choices to your child.
- Read books about going to the hospital with your child. You can ask your child life specialist for book recommendations.

**PRE-OPERATIVE PROCEDURES**

A pre-operative nurse will contact you before your child’s scheduled surgery or procedure date to discuss:
- Your child’s health history.
- Any medications your child is currently taking, including over-the-counter medications, herbal products, or medications they take as part of a research study.
- Pre-surgery instructions, including arrival place and scheduled surgery time.
We will also schedule an appointment for your child if his or her doctor or anesthesiologist requests any tests, which may include lab work, x-rays, or an EKG. If you have had recent lab work, x-rays, or an EKG, please notify your pre-operative nurse.

THE DAY BEFORE SURGERY

The day before surgery is a very important one; certain precautions will make your child’s experience as comfortable and safe as possible, and will contribute to the success of your child’s surgery.

Unless you are instructed differently by a member of the medical or nursing staff, please follow these rules related to eating and drinking. Please understand that if your child does not follow these instructions or if their physical condition changes, your child’s surgery may be canceled.

• Your child must adhere to the time and date requirements set for eating or drinking.
• If no time or date instructions have been given with regard to eating or drinking before surgery, do not let them eat or drink anything (no water, gum, mints, coffee, juice, etc.) after midnight the night before the surgery. This may not apply to medications prescribed by their physician. Please note any special instructions.

THE DAY OF SURGERY

Please plan to arrive on time to your child’s scheduled surgery. Check-in is located in the Pediatric Emergency Department. Your child’s registration information will be verified and you will be directed to the appropriate nursing unit to prepare for surgery.

At this time, we will ask you if your child has any special requests or needs regarding his or her care that would make his or her visit exceptional. This information will be noted on your child’s individualized care card which will be shared with your child’s health care team.

YOUR PRE-OPERATIVE ROOM

For your child’s comfort, he or she will go to a pre-operative room to prepare for surgery. Two adult family members are allowed in the pre-operative room. Siblings are not allowed.

This is what your child should expect while in the pre-operative room:
• He or she will meet their health care team. They include: pre-operative nurses, anesthesia providers as
well as their procedural nurse. For your child’s safety, each of these providers will verify your child’s name, date of birth, medical history and type of procedure he or she is scheduled for.

• Your pre-operative nurse will take your child’s temperature, blood pressure and pulse, and provide any medications needed. Also, any additional lab work and testing will be completed at this time. This nurse will also review your child’s procedural consent and answer any questions your family may have.

• If your child is receiving anesthesia, he or she will meet with the anesthesia provider at this time. Depending on the type of surgery and your child’s physician’s request, he or she will be given either a general, regional (spinal, epidural, bier block, etc.) or local form of anesthesia. The anesthesia provider will explain the differences and answer any questions you may have. Modern anesthesia has become generally quite safe as technology, methods, and training have advanced. The anesthesia provider will interview your child again verifying your child’s name, doctor, and the procedure you are having.

• Your child’s post-operative pain management may be discussed as well.

DURING SURGERY

We will keep your child comfortable while being transferred to the operating room. Upon entering the room, your child will notice the room is kept at a cool temperature so he or she will be given warm blankets to increase his or her level of comfort. You may notice that the lights in the operating room are bright.

We will transfer your child to the operating table.

Monitors will be placed on your child’s skin and anesthesia will be administered. Your child’s condition will be closely watched throughout the entire procedure.

You will be escorted to the proper waiting area and updated regularly.

RECOVERY

After surgery, your child will be taken to the recovery room until an anesthesiologist determines that your child is ready to return to his or her room or be discharged.

• If your child is an outpatient, he or she will go back to the pre-operative area to rest until they have recovered enough to be discharged (refer to discharge instructions for outpatients for more details).

DISCHARGE INSTRUCTIONS FOR OUTPATIENTS ONLY

• You will receive written instructions before your child leaves the hospital. A nurse will be available to answer any questions that you may have.

• Your child may receive a prescription for medication from his or her physician.

• Due to the medications your child received in surgery, your child may feel sleepy for the next 24 hours.

• For the next 24 hours your child should not drive a car, operate machinery or power tools.

• For their own safety and protection, they should have a responsible adult with them for the rest of the day and night.

• We will call you 1–2 days after your surgery to see how your child is doing.

Call your physician if your child develops:

• A fever over 101 degrees orally (by mouth) or rectal 102 degrees

• A pain that is not relieved by pain medication

• Any bleeding or unexpected drainage from wound

• Extreme redness or swelling around the incision

• A barking cough or difficulty breathing

• Nausea or vomiting that does not get better

• If your child is being admitted, he or she will be taken to your assigned hospital room.

• Everyone reacts differently to surgery and anesthesia. The average recovery room stay varies.
Managing a child’s pain after surgery is important in the healing process. Treating a child’s pain adequately speeds recovery and shortens the hospital stay, facilitates function and mobility after surgery, helps your child feel more relaxed and improves sleep.

Pain after surgery is primarily caused by the surgery itself, but your child’s experience can also be affected by psychological and emotional factors such as anxiety and stress.

Pharmacologic interventions refer to medicines that your child will receive. Using a combination of interventions in the treatment of pain has proven most effective as it addresses all sources of your child’s pain:

- Pharmacologic interventions refer to medicines that your child will receive.
- Non-pharmacologic interventions refer to therapies which alter thinking and focus to decrease pain. A child life specialist can help facilitate non-pharmacologic interventions.

If staying in the hospital overnight after surgery, your child may require intravenous medications to help manage pain and discomfort during the first 24 to 48 hours. These medicines are given through an intravenous, or IV catheter that is placed in the operating room and allows medicine to be delivered directly into the bloodstream. The IV will be removed before leaving the hospital.

Once your child is drinking and eating, he or she will receive oral pain medicine. Oral pain medicines are available either as a pill or a liquid and are given by mouth, swallowed by the child and absorbed through the stomach.

There is a doctor available 24/7 to ensure that your child’s pain control needs are being addressed when your child is admitted to the hospital.

**MEASURING YOUR CHILD’S PAIN**

We often use a pain scale from 0 to 10 as well as the FACES Pain Rating Scale to measure a child’s pain. We encourage older children to give a number for the pain they are feeling; 0 is no pain at all and 10 is the worst pain they have ever felt. For younger children we may ask them to point to a face on the scale of how they are feeling at that moment. We also keep in mind that all children feel pain differently and we treat them as individuals.

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**WHAT LEVEL OF PAIN DO YOU FEEL?**

*Wong-Baker FACES Pain Rating Scale*

<table>
<thead>
<tr>
<th>0</th>
<th>2</th>
<th>4</th>
<th>6</th>
<th>8</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Hurt</td>
<td>Hurts Little Bit</td>
<td>Hurts Little More</td>
<td>Hurts Even More</td>
<td>Hurts Whole Lot</td>
<td>Hurts Worst</td>
</tr>
</tbody>
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Please encourage your child to be as honest as possible with his or her pain assessment so the proper medication can be administered to keep their pain under control. Let your child know that there is no shame in feeling pain and that we want to ensure that children are as comfortable as possible.

HELPING YOUR CHILD COPE WITH PAIN

We want parents to be included in their child’s care, including pain management. It is important to know that you can be an advocate for your child and be an active participant in decreasing your child’s pain.

It has been shown the best results for reducing pain involves using alternative pain-relief methods along with medications. Child life specialists are available to help guide you and your child to appropriate pain relief methods, including:

- Reading stories
- Listening to music
- Holding a familiar comfort item- stuffed animal, favorite pillow, etc.
- Playing games
- Having family members visit when possible

DEEP BREATHING

Deep breathing is a slow and controlled exercise with the objective of relaxation. Relaxation is shown by positive changes in heart rate and blood pressure. Ultimately, this will lead to decreased physical and emotional pain. Participating in such a focused activity can take the patient’s mind off the pain and discomfort.

You can encourage deep breathing by:

- Blowing bubbles
- Counting as they inhale and exhale “Breathe in 1, 2, 3… breathe out 3, 2, 1.
- Using a mental image such as blowing out the birthday candles

GUIDED IMAGERY

Guided imagery is a system of visualization that can be used to help in relaxation. In guided imagery, you are led to imagine all of the details of a particular situation. It is important to note that for the technique to be effective, an image that has strong emotional resonance for the patient must be used.

Often times a script, which describes the “place” the patient wants to be, can be followed for a guided imagery session. For example, if a forest is chosen as their imaginary place to go, the reader can set the scene by guiding the patient through their forest experience. The scripts will usually include what one would see, hear, smell, feel and sense all around.

THERAPEUTIC PLAY

Providing children with the opportunity to play while in the hospital allows them to do what is familiar and normal for them. It not only provides them with materials to do what they would in their regular daily routine, it also gives them the opportunity to express what they are feeling during their hospitalization. Child life specialists often use therapeutic play to model coping methods for children to use, so they can gain control over their environment and decrease their fears and anxieties related to their hospital stay.
Important Notes for Visitors

**VISITORS WAITING FOR A PATIENT**
Nursing staff can direct your child’s visitors to the waiting area as needed. It is important that visitors notify the nursing staff if they plan to leave the waiting area prior to the completion of surgery, because the surgeon will usually visit with them after surgery.

**PATIENTS BEING ADMITTED**
The surgical reception area is located near the atrium by the gift shop on the first floor. If your child is being admitted to the hospital after surgery, family or friends must remain in the waiting room until they have spoken with the surgeon, even if your child has received a room assignment. After talking with the surgeon, your family and friends will be shown to the appropriate waiting area.

- Visitors please be sure to pick up all of the patient’s belongings.
- Visitors under 18 years of age cannot spend the night

**PATIENTS GOING HOME AFTER SURGERY**
Your child’s visitors may wait in his or her pre-operative room until your child returns from surgery. There is a small waiting area in the pre-surgical area.

- You must have a responsible person available to drive your home.
- Your child may not go home by taxi or public transportation unless accompanied by a responsible adult.

**DINING AT NORTH AUSTIN MEDICAL CENTER**
The Atrium Café and Bistro are located on the ground floor of the hospital. Specific meal hours featuring breakfast, lunch, and dinner items are below.

**Atrium Café Hours**
Monday – Friday, 6:45 a.m.–6:30 p.m.
Saturday, Sunday and Holidays, 8:30 a.m.–2:00 p.m.

**North Star Bistro Hours**
7:00 a.m.–11:00 p.m. every day of the year

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**Pediatric Fall Prevention**

**WHO IS AT RISK FOR A FALL IN THE HOSPITAL?**
Children all ages are more likely at risk to fall in the hospital than at home. Even patients who had a small procedure or none at all are at risk. The following are several factors this may occur:

- The child is in an unfamiliar place
- The child has fallen before
- Infants and toddlers are still developing strength and coordination
- Medication that causes numbness or weakness, drowsiness, dizziness, or clumsiness
- The child’s injury, illness, or condition may cause:
  - Dizziness, weakness, or incoordination
  - Confusion or disorientation
  - Seizures or uncontrollable movements
  - Urgent need to get to the bathroom
  - Trouble with seeing, hearing, or feeling things

- The child is using equipment that makes moving more complicated, examples include:
  - Crutches, a walker, or wheelchair
  - Drains, tubes, and monitors
  - IV pumps or tubing

Your child having just one of these factors puts him or her at risk for falling. The more factors that your child has create a higher risk.

**WHY ARE FALLS SUCH A CONCERN?**
Your child’s healthcare team has a priority of keeping patients safe and helping them to heal. Fall prevention is a key component to this priority.

Even the smallest of falls can cause serious bleeding or injury. This can be caused by the stress of staying in the hospital or medication that may cause bleeding.
Your care team will take steps to prevent falls for these reasons. These include assessing each patient’s risk for a fall and assisting patients to get out of bed and move around.

**WHAT CAN YOU DO TO HELP?**

The nurses and doctors will do their best to prevent a fall. The following are a few things for you to look out for and do to assist in preventing a fall:

**Bed or Crib:**
- Do not turn your back when changing your child’s diapers. The child can roll off the bed.
- Always keep the side rails up.
- Make sure the Nurse call light is within easy reach and that the child understands how to use it.
- Stay alert when holding your baby or child in your arms or lap. If you begin to feel drowsy, return the child to the bed or crib.
- Keep your child’s crutches or wheelchair nearby.

**Around the Room:**
- Keep the floor clutter-free. Make sure cords and tubes and other equipment are out of the way.
- Do not let your child or other children jump or play on the bed or furniture.
- Keep the room well lit. Use a nightlight during the night.

**Getting Up:**
- Do not let your child get out of the bed on his own unless the okay has been given by the doctor or nurse.
- For the first time, get your nurse to assist your child out of bed. This includes if the nurses says it is okay for your child to get up on their own or for you to assist.
- Keep your hand on your child the entire time he or she is getting in or out of bed or a chair.
- Do not leave the child unattended. Children can fall out of chairs, wheelchairs, or beds.

**In the Bathroom:**
- Stay with your child when he or she is using the bathroom. Safety is more important than privacy.

**Out of Bed:**
- Always use non-skid socks and slippers.
- Walk with your child. Walk steadily and support your child as he or she walks along.
**PRE-OPERATIVE PROCEDURES**

**What should I do if the pre-operative nurse does not contact me?**

Our goal is to make contact three days prior to your scheduled surgery date. If you have not been contacted within two days prior to your scheduled surgery, please call 512-901-2015 between 8:00 a.m. and 4:00 p.m. You may be asked to leave your name, surgery date, and a phone number so that the nurse can return your call.

**Will I need pre-operative testing?**

Depending on the type of surgery your child is having or their medical history, they may be required to see an anesthesiologist or have some lab work performed. If it is necessary for your child to come in for pre-operative testing, please allow a minimum of two hours for this appointment. Please bring the following with you to your child’s appointment:

- A list of all medications your child currently take
- Any forms from your child’s physician
- Your driver’s license
- Your insurance card, if applicable
- Copy of advanced directives (optional – please see included form if you do not have an advanced directive)

If you do not have insurance coverage, you are responsible for making financial arrangements with the hospital. If you have any questions regarding the registration process, insurance, or costs, please contact the Financial Counselor at 512-901-1504.

**May my child eat or drink before the pre-operative testing?**

Unless specified, normal eating habits are allowed prior to pre-operative testing.

**Where is the entrance to the surgery department?**

The surgery department is located at the north entrance at St. David’s North Austin Medical Center. This is where you will go to have pre-operative testing done and also where you will go on the day of your child’s procedure.

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**THE DAY BEFORE SURGERY**

**Why do I have to follow rules about eating or drinking before surgery?**

It is hazardous to undergo anesthesia or surgery with anything in your child’s stomach.

**What should I do if my child does not feel well the day before surgery?**

If there is any change in your child’s physical condition prior to surgery (such as cold or fever), please contact your child’s physician as soon as possible.

**Should my child take my regular medications before surgery?**

Ask your child’s doctor about taking medications before surgery. The pre-operative nurse will instruct you only on what medications to take the day before surgery.

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**THE DAY OF SURGERY**

**Why did we have to get here so early?**

In an effort to ensure patients are ready for their surgery on time, we require everyone to be here two hours prior to their procedure (in some cases, three hours ahead of time). During this time, you child will be registered, their IV will be started and any blood work or additional testing will be completed. Not every patient needs an IV. Most young patients 10 and younger get their IV in the OR while asleep. Your child will be interviewed by the pre-operative nurses, the anesthesiologist, and the surgical nurse. Your child’s physician will also see you during this time.

**What if my child feels anxious or has pain before their surgery?**

Please let us know so that we can notify your child’s anesthesia provider and they can determine the best action for your child.

**How long is my child going to be here?**

Your child will remain in the pre-operative area until they leave for their procedure. You may be with your child during this time.

**Can my child have some ice chips before their surgery/procedure?**

For your child’s safety, we do not allow them to eat or drink anything before their procedure, including ice chips, gum and hard candy. Your child’s stomach acids...
respond very readily to anything they put in their mouth which puts them at risk during their surgery/procedure.

**ANESTHESIA**

**Does my child have to have an IV?**

Yes, but it depends on the age of the child and is usually done after the child is asleep from inhaled anesthesia called “sleepy air.” Occasionally it may be necessary to have the IV in place prior to going to sleep for your child’s safety. Your child’s anesthesiologist will make that determination when your child is assessed pre-operatively.

**Will my child suffer from pain or nausea afterwards?**

Pain and post-operative nausea may occur to varying degrees after surgery. However, in most cases these effects can be foreseen and appropriate medications can be given while the patient is asleep so that the impact of the conditions may be reduced. If further therapy is needed, it will be addressed during the recovery room stay.

**Do you use advanced pain control methods?**

Yes, epidurals and other blocks are frequently used for post operative pain control, usually for surgeries on the abdomen and legs. Your child’s anesthesiologist can provide you with more details if they anticipate a need.

**Will someone be present to monitor my child continuously?**

Yes, at least one member of our anesthesia care team will be present “at the head of the table” throughout the operation, and will evaluate on your child in the recovery room.

**How long will it be until the effects of the anesthesia wear off?**

In most cases, the effects of the anesthetic agents will be gone before your child is discharged from the recovery room; however, there may be a lingering effect from pain medications during the surgery. Usually these medications are effective for about three to four hours.

**Is there anything I should be on the lookout for after we get home?**

The anesthesiologist will not discharge the patient from the recovery room until he or she has determined that further observation for anesthesia-related complications in not warranted. Please reference your child’s discharge instructions.

**RECOVERY**

**What time is my child going to be discharged?**

This time varies depending on your child’s procedure. Your nurse can give you a general idea of a discharge time. If your child will be staying overnight, the physician usually visits in the afternoon to see how your child is recovering and to plan your discharge. There are times that our Outpatients patients need to stay the night. We can provide your child with everything that they will need.

**When can my child return to school?**

Your physician will let you know when your child will be ready to return to school. This time varies depending on your child’s procedure.

**SURGICAL SITE INFECTIONS**

**What is a surgical site infection (SSI)?**

A surgical site infection can occur after surgery, in the part of the body where the surgery was performed. Most patients who have surgery do not develop an infection, however some common symptoms of surgical site infection are:

- Redness and pain around the area where your child had surgery
- Drainage of cloudy fluid from your child’s surgical site wound
- Fever

**Can SSIs be treated?**

Yes, most surgical site infections can be treated with antibiotics. The antibiotic given to your child depends on the bacteria (germ) causing the infection.

**What are some of the things that hospitals are doing to prevent SSIs?**

To prevent SSIs, doctors, nurses, and other health care providers:

- Clean their hands with soap and water or an alcohol-based hand rub before and after caring for each patient
- May remove some of your child’s hair from the operative site immediately before your child’s surgery using electric clippers
- Wear special hair covers, masks, gowns, and gloves during surgery to keep the surgery area clean
- Give your child antibiotics before surgery starts
- Will perform a pre-surgical skin prep with a special soap that kills germs
What can I do to help prevent SSIs?
Before your child’s surgery:
• Tell your child’s doctor about other medical problems your child may have. Health problems such as allergies, diabetes and obesity could affect your child’s surgery and treatment.
• Quit smoking. On average, patients who smoke get more infections.
• Do not shave near where you will have surgery. Shaving with a razor can irritate your skin and make it easier to develop an infection.
• Perform pre-operative skin prep as instructed by your child’s pre-operative nurse.

After your child’s surgery:
• Make sure that your child’s healthcare provider cleans their hands before examining your child, either with soap and water or an alcohol-based hand rub. If you do not see your providers clean their hands, please ask them to do so.
• Family and friends who visit you should not touch the surgical wound or dressings.
• Family and friends should clean their hands with soap and water or an alcohol-based hand rub before and after visiting your child. If you do not see them clean their hands, ask them to do so.

What do we need to do when we go home from the hospital?
• Before you go home, your child’s doctor or nurse should explain everything you need to know about taking care of your child’s wound. Make sure you understand how to care for your child’s wound before you leave the hospital.
• Always clean your hands before and after caring for your child’s wound.
• Before you go home, make sure you know who to contact if you have questions or problems after you get home.
• If your child has any symptoms of an infection, such as redness and pain at the surgery site, drainage, or fever, call your child’s doctor immediately.

If you have additional questions, please ask your child’s doctor or nurse.

RETRIEVING COPIES OF MY CHILD’S MEDICAL RECORD

Do you plan to order medical records from this facility?
This medical facility utilizes the services of HealthPort to handle the fulfillment of all requests for medical records. If you choose to request your records from this facility please know that HealthPort will be processing and fulfilling your request.

Who is HealthPort?
HealthPort is the premier provider of health information services and solutions. With a team of more than 3,500 employees, HealthPort processes over 60,000 medical record requests daily for well over 10,000 healthcare facilities across the nation.

How do I request a copy of my records from this facility?
Simply complete an authorization for release of your records and HealthPort will handle the rest. Your request must be sent directly to our central processing center located in San Antonio. Please do not attempt to contact HealthPort to request your child’s records.

Please submit requests for medical records to:
HCA Shared Service Center
ATTN: Release of Information
6000 N.W. Parkway, Suite 124
San Antonio, TX 78249
(PH) 855-813-4334
(FX) 1-888-606-9265, 210-581-4921 or 210-581-4913

You can also find our authorization online, at www.stdavids.com.

How do I receive my child’s medical records?
HealthPort will send your child’s records via first class U.S. Mail in a 9x12 envelope marked confidential. Records will be mailed from Alpharetta, Georgia.

Why am I being charged for my medical records?
When you request medical records, you will receive a copy of the original records located in the medical facility. There are many steps taken to provide copies of the medical records, and the process is labor-intensive:
• Records must be located and pulled from various places within the facility.
• Records are then selected based on the dates or treatments requested.
Authorization must be validated.
Records are reviewed for legibility and to ensure confidentiality.
Copies are made of the appropriate pages.
Each page is replaced in the chart exactly how it was found and the chart is then filed or put back into storage.
Records are sent per your request.

How much does HealthPort charge for its services?
The charges for the copies you request are typically regulated by each state. HealthPort abides by the allowable rates set forth by state law. This facility charges $0.25 per page.

When should I expect my records to be delivered?
Processing is typically 7–10 business days. Please call 855-813-4334 to check status on your request. If you would like your records for follow up care with your physician, please provide the doctor name, phone number, and fax as the receipt on the authorization. There is no fee for records to be delivered to your doctor.

How do I pay to receive copies of my medical records?
There is no need to go to or contact the healthcare facility from which you requested your records in order to make payment. The healthcare facility will not be able to assist you with your invoice payment for these services.

HealthPort offers the following three methods to pay for your medical records copies:

- **Online Payment** – (fast and efficient) to remit payment online please visit www.HealthPortPay.com and make sure you have your enclosed invoice for security purposes. HealthPort accepts Visa, MasterCard, American Express and Discover.
- **Telephone Payment** – to remit payment by phone please contact a payment representative at 1-800-464-0035 and make sure you have your enclosed invoice handy as well as a major credit card listed above.
- **Check Payment** – to remit payment by check please include the bottom portion of the enclosed invoice and send to the address listed.

If you have any further questions, please visit at www.healthport.com or you may contact us at service@healthport.com or 1-800-464-0035.
With more than 110 sites across Central Texas, St. David’s HealthCare includes six of the area’s leading hospitals and is one of the largest health systems in Texas. Known for compassionate, high-quality care, in 2014, the organization was recognized with a Malcolm Baldrige National Quality Award – the nation’s highest presidential honor for performance excellence. It has also been recognized with the Texas Award for Performance Excellence, the highest honor bestowed by the State of Texas based upon world-class quality measures. In 2015, two of the system’s facilities – St. David’s Medical Center and St. David’s Round Rock Medical Center – were named among the nation’s 100 Top Hospitals by Truven Health Analytics St. David’s HealthCare was also recognized as one of the Top 15 health systems in the U.S. by Truven in 2012. Additionally, St. David’s Medical Center – which includes Heart Hospital of Austin – was named a Top 50 Cardiovascular Hospital for 2013 and 2015.

OUR MISSION
St. David’s provides exceptional care to every patient every day with a spirit of warmth, friendliness, and personal pride.

OUR VALUES
I CARE: Integrity, Compassion, Accountability, Respect, Excellence