

The University of Texas Health Science Center at Houston – Resident/Fellow Check-out Form

Name: _____

Program: _____

Instructions: Obtain signatures from all hospitals at which you have rotated as part of your training. If you did not rotate through one of the hospitals listed, enter N/A on the signature line and have your Coordinator initial. You must turn in your completed check-out form, IN PERSON, to the UT Graduate Medical Education Office.

FAILURE TO COMPLETE AND RETURN FORM WILL JEOPARDIZE RECEIVING YOUR RESIDENCY COMPLETION CERTIFICATE

To be completed by Resident/Fellow:

PHI Attestation: I certify that I have destroyed or returned all PHI in my possession. I have not retained any paper or electronic patient information.

Resident/Fellow signature: _____

Date: _____

Forwarding Address: Address: _____
City, State, Zip: _____
Phone: _____

Personal E-mail Address: _____
(Do not use your UT email address. Your UT email account will be deactivated in 60 days)

Memorial Hermann Hospital TMC:

Medical Records: Record Completion Room: _____ Date: _____

Located in the hallway behind Café Hermann in Jones Pavilion 1st floor

Scrubs: Linen Services: _____ Date: _____

Ground floor of Robertson Pavilion

UT MD Anderson: Email the form to the MD Anderson GME Office at ogme@mdanderson.org, as they are working remotely.

UTMDACC Checkout verified by: _____ Date: _____

LBJ General Hospital: LBJ General Hospital has its own check-out procedure and check-out documents. HIM checkout is virtual. Attach a copy of the LBJ checkout form to this form.

Houston Methodist Hospital: Houston Methodist Hospital has its own check-out procedure. You must use their check-out procedure. Report to Methodist Hospital GME Office (Research Institute R2-201) for this process and signature. Call (713) 441-4934 for assistance.

Methodist Hospital Checkout verified by: _____ Date: _____

St. Luke's Episcopal Hospital: Badge should be turned into Medical Staff Services

Medical Staff Services: _____ Date: _____

St. Joseph Hospital: St. Joseph Hospital has its own check-out procedure. If you worked there, you must use their check-out procedure. Report to St. Joseph's Medical Staff Services Office (Strake 3rd floor #3390) for this process and signature. Call (713) 757-7505 for assistance.

St. Joseph's Hospital Checkout verified by: _____ Date: _____

TMC Library: All books and library cards must be returned. No outstanding fines/fees.

TMC Library Verified by: _____ **Date:** _____

UT Physicians Medical Records: All records through UT Physicians system, EPIC must be completed. UTPB LL100.

UTP Medical Records Verified by: _____ **Date:** _____

UTHealth Program: Your residency coordinator must verify that you have no outstanding evaluations or duty hour reports to submit in New Innovations.

Pagers: Received by: _____ **Date:** _____

Coordinator Clearance given by: _____ **Date:** _____

UTHealth GME Office (LAST STOP): Your UTHealth ID badge, MHHS ID Badge, and this completed form must be turned in to the GME Office, Jesse Jones Library building, room 310.

UTHealth ID badge rec'd by: _____ **Date:** _____

Certificate given by: _____ **Date:** _____

**Update your address in the UTHealth Employee Self Service portal
so that you receive your W2 appropriately next year**

Check-Out Process – Remote Process (MSS Telecommute Status)

As you prepare to leave your BCM/BT or UTH/LBJ training program, you are required to complete an exit procedure. (This applies to everyone, including House Staff Members who will become Faculty or transferring into another training program within Harris Health System.)

Requirements for Exit

- 1. Complete the top portion of the form – Name, ID #, Forwarding Address, etc.**
- 2. Scrub Suits**
Return all scrubs to Harris Health Pyxis Scrub Machine at the location which you withdrew the scrubs from or the Linen Department and obtain signature from Linens Department.

BT Linens Department	Hours: Monday – Friday, 8:00AM – 3:00PM
(Located in the Basement of Main Ben Taub Hospital 1504 Taub Loop - Houston, TX 77030 Phone: 713-873-3590)	
LBJ Linens Department	Hours: Monday – Friday, 8:00AM – 2:00PM
(Located 2 nd Fl.; between 2A and NICU) 5656 Kelley Street - Houston, TX 77026 Phone: 713-566-4486)	

- 3. Return the following items to one of the below Harris Health Security Offices:**
 - a. Harris Health Badge**
 - b. Harris Health issued Pager**
 - c. Harris Health Call Room Keys**

(Envelopes will be provided to you in the Security Office)

BT Security Office	Hours: Monday – Friday, 7:30AM – 4:00PM
(Located on the 1 st Floor, inside the Discharge Center) 1502 Taub Loop - Houston, TX 77030 Phone: 713-873-2500)	
LBJ Security Office	Hours: Monday – Friday, 7:00AM – 5:00PM
(Located 1 st Floor; near Main Entrance) 5656 Kelley Street - Houston, TX 77026 Phone: 713-566-5305)	

- 4. Clear your Epic In-baskets. (Students are excluded)**
- 5. Obtain Out-of-Contact Designee Signature by emailing your form to Chief of Service/Attending. (Students are excluded)**

6. Read, sign and date the “certify statement” located at the bottom of the form.

7. Medical Records Clearance (HIM) – Virtual Check-outs by Appointment Only.

Email Check-Out Form to HIMProviderCheckOut@harrishealth.org. (Students are excluded)

Be sure to include your Specialty/Service in the subject line.

8. Call HIM to schedule your Virtual Check-Out Appointment at one of the below locations:

BT HIM – Virtual Appointment Only - “No Walk-ins Allowed”
Call 713-873-2168 to schedule your Virtual Check-Out.

LBJ HIM – Virtual Appointment Only - “No Walk-ins Allowed”
Call 713-566-5335 to schedule your Virtual Check-Out.

9. Upon completion of the Virtual Check-Out Appointment, HIM will email the signed Check-Out Form back to the Provider and Medical Staff Services.

10. Final Clearance

Upon receipt of your completed form, Medical Staff Services will sign-off on Final Clearance and email the signed form back to the Provider.

Please Note: Leaving your badge or scrubs with another member of House Staff or not returning it at all is an example of improper check-out. The Check-out Form is an important piece of documentation and our office strongly encourages you to check out properly and to retain all receipts.

Date: _____

CHECK-OUT FORM
(Please print legible)

1. FACILITY - Check One: Ben Taub Hospital Lyndon B. Johnson Hospital Other: _____

NAME: _____ **PROVIDER ID#:** _____ **SERVICE:** _____

Forwarding Address: _____ **Phone #:** _____
(Street)

(City) (State) (Zip Code)

Are you remaining in the Harris Health System as? Faculty Fellow Resident No

2. Instructions: Please obtain signatures from the departments listed below as verification that you have returned all Harris Health System property.

a. **SCRUB SUITS:** Scrub suits returned. _____
(Signature of Linens Department Confirming the Scrub Suit Return)

b. **ID BADGE:** _____
(Signature of DPS Security Staff receiving ID badge)

3. Return Pagers and Keys by placing them in the envelope provided to you in Security. Medical Staff Services will sign-off as received once the envelope is retrieved.

a. **PAGER UNITS:** Harris Health System pager returned. _____
 N/A (Signature of Department/Coordinator/Admin. member receiving pager and pager number)

b. **KEYS:** Call room keys returned. _____
 N/A (Signature of Department/Coordinator/Admin. member receiving keys)

4. Clear your Epic in-basket.

5. An Out of Contact Designee (Attending or Chief of Service) must be designated 48 Hours prior to leaving the Harris Health System.

(Name of Out of Contact Designee – Attending or Chief of Service) (Signature of Physician Acknowledging Out of Contact Set)

7. HEALTH INFORMATION MANAGEMENT: Email Check-Out Form to HIMProviderCheckOut@harrishealth.org and Call to schedule a virtual appointment at 713-873-2168 (Ben Taub) or 713-566-5335 (LBJ). (No walk-ins Allowed)

All medical records are complete and/or addressed (i.e., paper records, dictations, e-signature for discharge summaries, operative reports, and results). The following Medical Record Deficiencies are noted:

Type of Record	# of Records Pending
e-Signature	
Paper	
Results	

(Reason, if not complete and actions taken)

(Signature of Medical Records Employee) (Date and Time) (Extension)

I certify that I have returned or destroyed (shredded and/or permanently deleted) ALL patient information obtained from Harris Health during my training. This includes patient information on paper documents, personal devices, and personal email accounts. Failure to follow this requirement may violate the law and may result in being investigated by or reported to the Office for Civil Rights. If I believe I have a need to keep patient information after checking out from Harris Health, I will contact Harris Health’s Compliance Department at 713-566-6948.

Exiting Provider: _____ (Print Full Name of Exiting Provider) Exiting Provider: _____ (Signature of Exiting Provider) Date: _____

FINAL CLEARANCE THROUGH: _____ Medical Staff Services, Harris Health System _____ Date