

Date: _____

CHECK-OUT FORM

(Please print legible)

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

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

Forwarding Address: _____
(Street)

(City) _____ (State) _____ (Zip Code) _____

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

An *Out of Contact Designee* must be designated 48 Hours prior to leaving the Harris Health System.

(Name of Out of Contact Designee)

(Signature of Physician Acknowledging Out of Contact Set)

Instructions: Please obtain signatures from the departments listed below as verification that you have completed documents and returned all Harris Health System property. Return this form to Medical Staff Services for final clearance.

HEALTH INFORMATION MANAGEMENT:

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:

BTGH: 713-873-2168
LBJGH: 713-566-5328

<i>Type of Record</i>	<i># of Records Pending</i>
e-Signature	
Paper	
Results	

(Reason, if not complete and actions taken)

(Signature of Physician Notified, If Applicable)

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

PAGER UNITS: Harris Health System pager returned to department of issue or Program Coordinator/Admin.

(Signature of Department/Coordinator/Admin. member receiving pager and pager number)

KEYS: Call room keys returned to Program Coordinator/Admin.

(Signature of Medical Staff Services member receiving keys)

SCRUB SUITS: Scrub suits returned to dispensing machine

(Signature of Linens Department member receiving verification)

ID BADGE: Returned to Harris Health Security Office

(Signature of Security Department member receiving ID badge)

FINAL CLEARANCE THROUGH:

Medical Staff Services, Harris Health System Date

TO BE COMPLETED BY HARRIS HEALTH SYSTEM MEDICAL STAFF SERVICES

Files Sent to: Distribution Lists _____
(Signature and Date)

Physician deactivated in CACTUS: _____
(Signature and Date)

Physician deactivated in Healthquest: _____
(Signature and Date)

Physician IT Access deactivated _____
(Signature and Date)