My important documents

This pocket is a place for you to keep documents you feel are important to bring with you while you receive medical care. Providers will not have access to this information unless you share it with them. Be sure to protect your sensitive or private information at all times to avoid identity theft and privacy issues.

You may want to include:

- Advance directives/Living Will
- Conservator documents
- List of medications
- Organ donation information
- Photocopy of ID
- Photocopy of insurance card/information
Welcome to Hartford HealthCare

Hartford HealthCare is a fully integrated healthcare system that has services at every level to assist you in your healthcare journey. The Patient Healthcare Organizer is a tool for you to gather important information and reflections as you continue your health and healing.

Use the Patient Healthcare Organizer as it best works for you. You may choose to share the information with your providers if you think it will be helpful. Or you may want to record information in this organizer for yourself or your family members.

The notebook pages provide a spot to take notes, write down questions and reflect on your experience.

Here are some ways you might find the Patient Healthcare Organizer useful:

• Keep important health documents in one place.
• Write down important health information about yourself so providers and loved ones have access.
• Write down important treatments and procedures that happen during your journey.
• During your time with us, write down thoughts or questions you want to share with your care team.
• Write down next appointments and the next steps of your journey.

You are responsible for the safekeeping of the documents and information kept in the Patient Healthcare Organizer.

A printable version of the Patient Healthcare Organizer is available online at HartfordHealthCare.org/healthcarejourney. Feel free to print additional pages from the book as needed to continue to track your progress.

MISSION:
To improve the health and healing of the people and communities we serve.

VISION:
Most trusted for personalized coordinated care.
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What you should know about me

Information on this page may be useful to providers, friends or family in case of emergency. You may choose to fill out this page and share it with your care team if you think it is useful.

Name (First, Middle and Last): ________________________________________________

Nickname (What I like to be called): __________________________________________

Address (Street, City, State, ZIP): _____________________________________________

Home Phone: ( ) ____________________ Mobile: ( )______________________________

Date of birth (Month, Date, Year): _____________________________________________

Language(s) I can speak/understand: __________________________________________

I could use the help of a translator (check one): □ Yes □ No

Height: ___________________________ Weight: _________________________________ lbs

Gender: __________________________ Gender identity: ___________________________

Hair color: _______________________ Eye color: ________________________________

Blood type: _______________________

Religion/Spirituality (that is meaningful to me): _________________________________

Identifying marks (tattoos, piercings, birthmarks): ______________________________

____________________________________________________________________________

Health insurance provider: _____________________________________________________

Group #: _____________________________________________________________________

Additional information about me: _______________________________________________
My friends and family

The following people are significantly involved in my healthcare and healthcare decisions:

Name: ___________________________________________________________________________________
Relationship: _____________________________________________________________________________
Phone/E-mail: __________________________________________________________________________

Name: ___________________________________________________________________________________
Relationship: _____________________________________________________________________________
Phone/E-mail: __________________________________________________________________________

Name: ___________________________________________________________________________________
Relationship: _____________________________________________________________________________
Phone/E-mail: __________________________________________________________________________

Name: ___________________________________________________________________________________
Relationship: _____________________________________________________________________________
Phone/E-mail: __________________________________________________________________________

Name: ___________________________________________________________________________________
Relationship: _____________________________________________________________________________
Phone/E-mail: __________________________________________________________________________

Believe in yourself and all that you are. Know that there is something inside you that is greater than any obstacle. — Christian D. Larson

Print additional pages like this at: HartfordHealthCare.org/healthcarejourney
# My pharmacy and medications

## My pharmacy

Preferred pharmacy: ____________________________ Pharmacy phone: (_______)

Address (Street, City, ZIP): ______________________________________________________

## My medications

Please include:
- Prescription medications
- Vitamins
- Over-the-counter medications
- Herbal/dietary supplements

**BEFORE my hospital stay**

- Check for medication list or additional medication information in pocket folder *(please check box if this applies)*

<table>
<thead>
<tr>
<th>Medication: Name (name brand or generic), dose, times taken per day</th>
<th>Reason for taking, medical/special instructions</th>
<th>Side effects you experience</th>
<th>Start/end date (if applicable)</th>
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Print additional pages like this at: HartfordHealthCare.org/healthcarejourney
DURING my hospital stay

- Check for medication list or additional medication information in pocket folder
  (please check box if this applies)

<table>
<thead>
<tr>
<th>Medication: Name (name brand or generic), dose, times taken per day</th>
<th>Reason for taking, medical/special instructions</th>
<th>Side effects you experience</th>
<th>Start/end date (if applicable)</th>
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</table>

Print additional pages like this at: HartfordHealthCare.org/healthcarejourney
AFTER my hospital stay

- Check for medication list or additional medication information in pocket folder
  (please check box if this applies)

<table>
<thead>
<tr>
<th>Medication: Name (name brand or generic), dose, times taken per day</th>
<th>Reason for taking, medical/special instructions</th>
<th>Side effects you experience</th>
<th>Start/end date (if applicable)</th>
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</tbody>
</table>
My allergies

- Check for medication list or additional medication information in pocket folder
  (please check box if this applies)

<table>
<thead>
<tr>
<th>Allergy: Medications, food, other</th>
<th>Type of reaction: (Difficulty breathing, rash, vomiting, etc.)</th>
<th>Treatments received</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

If you see a physician for allergy or asthma treatment, please provide their information below:

Provider’s name: ____________________________________________________________

Practice name: ____________________________________________________________

Address (Street, City, ZIP): ______________________________________________

________________________________________________________________________

Phone: ( ) ______________________________________________________________

Print additional pages like this at: HartfordHealthCare.org/healthcarejourney
My activity level and lifestyle

Indicate your ability level for the following activities of daily living to help your care team provide additional services as needed.

<table>
<thead>
<tr>
<th>Function</th>
<th>Independent</th>
<th>Need Help</th>
<th>Dependent</th>
<th>Cannot Do</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bathing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dressing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grooming</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toileting</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Transferring bed/chair</td>
<td></td>
<td></td>
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<tr>
<td>Walking</td>
<td></td>
<td></td>
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<tr>
<td>Climbing stairs</td>
<td></td>
<td></td>
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<tr>
<td>Eating</td>
<td></td>
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</tbody>
</table>

I have questions or concerns about
(Check areas where you have concern and explain why at the bottom of this sheet.)

My...

☐ Activity level
☐ Alcohol use
☐ Behaviors (things I might be doing that could cause harm to myself or others)
☐ Dental care
☐ Diet and eating
☐ Hearing
☐ Memory

☐ Mobility
☐ Mood
☐ Safety
☐ Sleep habits
☐ Smoking
☐ Substance use
☐ Taking care of myself independently
☐ Vision

Explain your concerns: ____________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Print additional pages like this at: HartfordHealthCare.org/healthcarejourney

Patient Healthcare Organizer 11
My medical history

Check all that apply now or in the past:

- Allergies/hay fever
- Anemia
- Anxiety/depression
- Arthritis/gout
- Blood clots/phlebitis
- Cancer/tumor
- Colon/bowel problem
- Diabetes
- Dizziness
- Abnormal mammogram or pap
- Ear problems
- Gallbladder problem
- Headaches/numbness
- Heart trouble/angina/heart murmur
- Hepatitis
- High cholesterol
- High blood pressure
- Kidney problems/kidney stones
- Liver disease
- Lung problems/asthma
- Lyme disease
- Radiation treatment
- Seizures/epilepsy
- Sexually transmitted disease
- Sleep apnea/sleep problems
- Skin cancer/rashes
- Stomach or duodenal ulcer/heartburn
- Stroke
- Substance use disorders
- Thyroid
- Urinary/prostate/sexual problems

Hospitalizations, operations, serious injuries and illnesses:

<table>
<thead>
<tr>
<th>Event</th>
<th>Year</th>
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Print additional pages like this at: HartfordHealthCare.org/healthcarejourney
My family history

Identify family member(s) with any of the conditions listed below:

- Check box if you do not know your family history

<table>
<thead>
<tr>
<th>Condition</th>
<th>Family member(s): mother, father, sister, brother or children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast cancer</td>
<td></td>
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<tr>
<td>Colon cancer/polyps</td>
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<tr>
<td>Depression/anxiety</td>
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<tr>
<td>Diabetes</td>
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<tr>
<td>Heart problems</td>
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<tr>
<td>High blood pressure</td>
<td></td>
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<tr>
<td>High cholesterol</td>
<td></td>
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<tr>
<td>Osteoporosis</td>
<td></td>
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<tr>
<td>Mental health concerns</td>
<td></td>
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<tr>
<td>Prostate cancer</td>
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<tr>
<td>Sickle cell anemia</td>
<td></td>
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<tr>
<td>Skin cancer</td>
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<tr>
<td>Substance use</td>
<td></td>
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<tr>
<td>Thyroid problems</td>
<td></td>
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<tr>
<td>Other cancer (what kind)</td>
<td></td>
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<tr>
<td>Other condition(s)</td>
<td></td>
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</table>

Print additional pages like this at: HartfordHealthCare.org/healthcarejourney
My healthy habits

Write down things you do to stay healthy.

Include information about:
• Eating habits
• Exercise routines
• Meditation or yoga
• Social activities

Print additional pages like this at: HartfordHealthCare.org/healthcarejourney
My healthcare team

Contact information for your primary care providers, specialists, APRNs, psychiatrists, clinicians, counselors, therapists and members of clergy or spiritual advisors, or others who could be helpful during your healthcare journey.

<table>
<thead>
<tr>
<th>Name</th>
<th>Address/Phone</th>
<th>Treatment/Service provided</th>
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Print additional pages like this at: HartfordHealthCare.org/healthcarejourney
Understanding my next steps

Questions and topics I want to discuss with my provider before leaving an inpatient stay, outpatient procedure, visit or session:

**Before I leave:**
- I have received new medications or prescriptions.
- I understand the side effects that may occur from the medications I am receiving.
- I have received education material that might be helpful after my stay or visit.
- My questions and concerns have been addressed by my provider or care team.
- I have received discharge instructions and paperwork.

**Other questions or discussion topics:**
- Do I know why I am receiving prescribed medications after my stay or visit?
- Do I have any questions about the medications I am receiving after this stay or visit?
- Do I have the contact information for all of my healthcare providers?
- Do I understand the instructions I have received?
- Are my new medications safe to take with other medications I am currently taking?
- Are there any food restrictions for my new medications?
- When are my next appointments?
- What are my next steps?

**Other questions, concerns or information I need:**

___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

*Learn from yesterday, live for today, hope for tomorrow. — Albert Einstein*

Print additional pages like this at: HartfordHealthCare.org/healthcarejourney
My appointments

Keep track of appointments with your providers below:

<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Provider</th>
<th>Location</th>
<th>Reason for visit</th>
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Print additional pages like this at: HartfordHealthCare.org/healthcarejourney
Things I am thankful for

Write down people, providers, pets and things you are thankful for. Who or what helps you on your journey?

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
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____________________________________________________________________________________
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____________________________________________________________________________________

The most wasted of all days is one without laughter. — e.e.cummings

Print additional pages like this at: HartfordHealthCare.org/healthcarejourney
My notes

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Print additional pages like this at: HartfordHealthCare.org/healthcarejourney
Life isn’t about finding yourself. Life is about creating yourself.
— George Bernard Shaw
Hartford HealthCare Resources

For more information or questions about Hartford HealthCare services, providers, locations or community education, call 1.855.HHC.HERE (855.442.4373).

**Acute Care Hospitals**

**Backus Hospital**
326 Washington Street
Norwich, CT 06360
860.889.8331
backushospital.org

**Hartford Hospital**
80 Seymour Street
Hartford, CT 06102
860.545.5000
hartfordhospital.org

**The Hospital of Central Connecticut**

**New Britain General Campus:**
100 Grand Street
New Britain, CT 06052
860.224.5011
thocc.org

**Bradley Memorial Campus:**
81 Meriden Avenue
Southington, CT 06489
860.276.5000
thocc.org

**MidState Medical Center**
435 Lewis Avenue
Meriden, CT 06451
203.694.8200
midstatemedical.org

**Windham Hospital**
112 Mansfield Avenue
Willimantic, CT 06266
860.456.9116
windhamhospital.org

**Behavioral Health**

**Behavioral Health Network**
hhcbehavioralhealth.org
The Hartford HealthCare Behavioral Health Network is the state’s largest truly integrated behavioral health network, comprised of the Institute of Living at Hartford Hospital, Natchaug Hospital, Rushford and the behavioral health departments of The Hospital of Central Connecticut, MidState Medical Center, Backus Hospital and Windham Hospital. For more than a century, the members of the Hartford HealthCare Behavioral Health Network have been connecting people with mental health and substance abuse services including inpatient and outpatient services — and everything in between — in a variety of settings for children, teenagers and adults.

**Institute of Living**
200 Retreat Avenue, Hartford, CT 06106
860.545.7000
instituteofliving.org

**Natchaug Hospital**
189 Storrs Road, Mansfield Center, CT 06250
860.456.1311
natchaug.org

**Rushford**
883 Paddock Avenue, Meriden, CT 06450
1.800.542.4791
1250 Silver St, Middletown, CT 06457
860.346-0300
rushford.org

**Backus Hospital Behavioral Health Services**
326 Washington Street, Norwich, CT 06360
860.889.8331
backushospital.org

**The Hospital of Central Connecticut Behavioral Health Services**
100 Grand Street, New Britain, CT 06052
860.224.5011
thocc.org

**Urgent Care**

**Hartford HealthCare Urgent Care**
To locate an urgent care facility near you, visit www.geturgentcarenow.com
Patient Healthcare Organizer

MidState Medical Center Behavioral Health Services
435 Lewis Avenue, Meriden, CT 06451
203.694.8200
midstatemedical.org

Windham Hospital Behavioral Health Services
112 Mansfield Avenue, Willimantic, CT 06226
860.456.9116
windhamhospital.org

Hartford HealthCare Institutes

Cancer
hartzfordhealthcare.org/cancer
The Hartford HealthCare Cancer Institute is the charter member of the Memorial Sloan Kettering Cancer Alliance, meaning patients have access to MSK standards of care and clinical trials in their communities. The Institute encompasses cancer centers at five hospitals across Connecticut — Hartford Hospital, The Hospital of Central Connecticut, Backus Hospital, MidState Medical Center and Windham Hospital and a satellite location in Avon. Collectively, the cancer programs within the Cancer Institute treat more than 5,000 new cancer patients per year while caring for tens of thousands of existing patients, offering a full range of innovative, evidence-based and personalized treatments designed to meet the needs of each patient.

Heart & Vascular
hartzfordhealthcare.org/heart
The Hartford HealthCare Heart & Vascular Institute is a national leader in heart disease treatment, surgery and research. Here, the region’s most talented and experienced clinicians work with patients to find and fight heart disease. We lead the state in treating coronary artery disease, the nation’s #1 killer, and treat a wide range of conditions including high cholesterol, atrial fibrillation, high blood pressure, ischemia, peripheral arterial disease, mitral valve issues and beyond. The Heart & Vascular Institute brings together assets and expertise of Hartford HealthCare and its extensive network of affiliated private-practice heart and vascular physicians — all of whom work together to provide coordinated, innovative, high quality care to our patients and perform procedures including as minimally invasive aortic surgery, minimally invasive mitral valve repair, surgical ablation of atrial fibrillation and coronary bypass surgery.

Neuroscience
hartzfordhealthcare.org/neuro
The Ayer Neuroscience Institute includes some of the most highly trained experts in the nation, across five Connecticut hospitals and providing comprehensive inpatient and outpatient care for everything from strokes to headaches. With over 115,000 patients touched throughout the healthcare system, the Institute offers centers focusing on movement disorders, epilepsy, pain, stroke, headaches, hearing and balance, spine care, neurology, clinical trials and more. Through best practice delivery models, the Institute provides care in patients’ communities while also having the ability to provide access to a higher level of care if needed.

Orthopedics

From diagnosis through treatment and rehabilitation, our orthopedic programs offer an unparalleled network of coordinated services for patients. This includes everything from minimally invasive and robotic surgeries to rehabilitation, sports medicine, preventive care and community education. Our integrated team of experts has one thing in mind — helping you get back on your feet faster. We provide a wide range of orthopedic surgeries at Backus Hospital, The Hospital of Central Connecticut and Windham Hospital, as well as our two bone and joint institutes:

• The Connecticut Orthopaedic Institute at MidState Medical Center, the most comprehensive orthopedics program in Central Connecticut, brings together the top specialists in the region. The new facility, featuring exceptional physicians, exclusive technology, private patient rooms, brand new physical rehabilitation space, and more, is an orthopaedic hospital within a hospital. The institute’s board-certified and fellowship-trained physicians specialize in joint replacement, arthroscopic surgery, and spine surgery. Learn more at ctorthoinstitute.org

• The Bone & Joint Institute at Hartford Hospital provides an unparalleled network of coordinated services for patients with musculoskeletal disorders and orthopedic injuries. Our institute offers everything from complex and robotic surgeries to rehabilitation, sports medicine, rheumatology, preventive care and community education. Learn more at www.hartfordhospital.org/ortho

Urology & Kidney
hartzfordhealthcare.org/urology

At the Tallwood Urology & Kidney Institute, patients get world-class urology and kidney care from a team of local and national leaders in their fields. Many patients who have failed to have success with other treatments come here for the best solutions to even the most frustrating urology problems. Our highly skilled physicians have advanced sub-specialty training, and are backed by a team of interdisciplinary medical and surgical specialists. With our wide network of care, patients get the very highest standard of treatment, conveniently delivered in their community.
Help Hartford HealthCare Improve
Join the Patient & Family Advisory Board Council

What is the Patient & Family Advisory Council (PFAC)?
The PFAC is a team of patients and family members who give feedback on their experiences with our services and help to identify ways to improve on them in partnership with our staff.

Why should I volunteer?
In order for us to provide the best possible care, we need to hear from those who have experienced it.

What are the goals of the PFAC?
• Build a positive relationship with the communities we serve
• Improve the quality and safety of care
• Use feedback to improve services and processes for our customers and their families

Who can be a member of the PFAC?
Patients or their family members who have had experiences with our services.

What is the membership commitment?
Members are asked to commit to one year and attend 6-12 meetings a year.

To join, please call 860.425.5977
Our Values

Hartford HealthCare's vision of excellence and leadership is driven by its core values, which are shared by all members of Hartford HealthCare.

**CARING: We Do the Kind Thing**

Every Hartford HealthCare staff member touches the lives of the patients and families in our care. We treat those we serve and each other with kindness and compassion and strive to better understand and respond to the needs of a diverse community.

**SAFETY: We Do the Safe Thing**

Patients and families have placed their lives and health in our hands. At Hartford HealthCare our first priority, and the rule of medicine, is to protect them from harm. We believe that maintaining the highest safety standards is critical to delivering high-quality care and that a safe workplace protects us all.

**EXCELLENCE: We Do the Best Thing**

In Hartford HealthCare, only the best will do. We work as a team to bring experience, advanced technology and best practices to bear in providing the highest-quality care for our patients and families. We devote ourselves to continuous improvement, excellence, professionalism and innovation in our work.

**INTEGRITY: We Do the Right Thing**

Our actions tell the world what Hartford HealthCare is and what we stand for. We act ethically and responsibly in everything we do and hold ourselves accountable for our behavior. We bring respect, openness and honesty to our encounters with patients, families and coworkers and support the well-being of the communities we serve.
My other documents

This pocket contains additional information related to my health care journey.

It may include:

- Appointment cards
- Discharge paperwork or additional instructions from a provider
- Educational material
- Prescriptions
- Physician contact information
- Other important documentation or paperwork