



THE PALO PINTO COUNTY HOSPITAL DISTRICT BOARD OF DIRECTORS' MEETING

Notice is hereby given as provided by Chapter 551, Texas Government Code, that A SPECIAL CALLED meeting of the Board of Directors' of the PALO PINTO COUNTY HOSPITAL DISTRICT will be held in the BOARD ROOM of Palo Pinto General Hospital, located at 400 Southwest 25th Avenue, in the City of Mineral Wells, Palo Pinto County, Texas, on MONDAY, DECEMBER 3, 2018 AT 6:30 P.M.

 Daniel W. Smith, Interim CEO
 Palo Pinto County Hospital District

**PALO PINTO COUNTY HOSPITAL DISTRICT BOARD OF DIRECTORS' MEETING
 MONDAY, December 3, 2018 at 6:30 P.M., IN THE BOARD ROOM**

BOARD AGENDA

ITEM #	ITEM DESCRIPTION	PAGE #
1.	Invocation, Call to Order, and Introductions	
2.	Discuss/Take Action on compensation of Daniel Smith.	
3.	Receive/Discuss/Take action on Discovery Medical Network CRNA and Physician Agreement Templates – Rhett Warren, Legal Counsel	
4.	ADJOURN	

EXECUTIVE SESSION:

In accordance with the Texas Government Code, Chapter 551.074 for Personnel Matters, the Board of Directors is called into Executive Session at _____ P.M. on _____.

In accordance with Texas Government Code, Chapter 551, Subchapter E, the Board of Directors is called out of the Executive Session and return to Open Session at _____ p.m. on _____.

NOTICE: THE BOARD RESERVES THE RIGHT TO RETIRE INTO EXECUTIVE SESSION CONCERNING ANY OF THE ITEMS LISTED ON THIS AGENDA, WHENEVER IT IS CONSIDERED NECESSARY AND LEGALLY JUSTIFIED UNDER THE OPEN MEETINGS ACT.

NOTICE: THE BOARD MAY VOTE AND/OR ACT UPON EACH OF THE ITEMS LISTED IN THIS AGENDA.

NOTICE: This agenda and meeting notice is posted pursuant to Section 551.041, Sub-Chapter C, of the Texas Government Code.

NOTICE: *Disabled persons requiring accommodations, please call 940-328-6403. For sign interpreters, please call at least 48 hours in advance.*

NOTICE: Palo Pinto County Hospital District extends an open invitation to members of the community to attend the meetings of the Board of Directors and to make comments and/or express their concerns.

CERTIFICATION OF POSTING NOTICE

THIS IS TO CERTIFY THAT I, _____ PROVIDED NOTICE TO THE PALO PINTO COUNTY CLERK AND POSTED THIS AGENDA AT THE APPROPRIATE DESIGNATED LOCATION AT THE COURTHOUSE, PALO PINTO, TEXAS, AT _____, M., _____, 2018, AND THIS IS TO CERTIFY THAT I ALSO POSTED THIS AGENDA IN THE BULLETIN BOARD CASE OUTSIDE THE ELEVATOR ON THE FIRST FLOOR OF PALO PINTO GENERAL HOSPITAL, 400 SOUTHWEST 25TH AVENUE, MINERAL WELLS, TEXAS 76067, AT _____, M., ON _____, 2018.

(SIGNATURE OF PERSON POSTING AGENDA)

MISSION STATEMENT:

PROMOTE OPTIMAL HEALTHCARE OF THE ENTIRE COMMUNITY BY PROVIDING CUSTOMER CENTERED, QUALITY HEALTHCARE IN A RESPECTFUL AND SAFE ENVIRONMENT.

VISION:

TO PROMOTE THE WELLNESS OF OUR ENTIRE COMMUNITY BY PROVIDING QUALITY HEALTHCARE IN A SAFE ENVIRONMENT.