



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 TUESDAY, NOVEMBER 11, 2014 at 6:30 P.M.

HARRIS W. BROOKS, MHA/MBA, CHIEF EXECUTIVE OFFICER
Palo Pinto County Hospital District

PALO PINTO COUNTY HOSPITAL DISTRICT BOARD OF DIRECTORS' MEETING
TUESDAY, NOVEMBER 11, 2014, 6:30 P.M., HOSPITAL BOARD ROOM

<p>SPECIAL CALLED BOARD AGENDA</p>

ITEM #	ITEM DESCRIPTION	PAGE #
1.	Invocation, Call to Order, and Introductions	
2.	Executive Session – annual CEO Evaluation & Compensation	
3.	Action on Any Executive Session Items Requiring Public Vote	
4.	ADJOURN	

FOR PERSONNEL/CEO EVALUATION EXECUTIVE SESSION READ:

In Accordance with the Texas Government Code, Chapter 551.074, the Board of Directors is called into Executive Session at _____ P.M. on _____ 2014.

(Immediately following Executive Session). "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 _____, 2014.

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., _____, 2014, 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 _____, 2014.

(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.