



Dear HCMS Member:

Thank you for your interest in the HCMS DocList, the Harris County Medical Society's label and electronic data service.

In order to process your request, the following documents need to be submitted:

1. A copy of your mailing.
2. Request form for either a one-time use only or for standing orders (pages 3-4).
3. Agreement on Utilization of Membership signed by a member physician (page 5).
4. Method of payment form – check or credit card payment information (page 6).
5. If applicable, Letter of Agreement for mailing house (page 7).

HCMS reserves the right to approve or disapprove any mailing to its members.

Pricing information is listed below. **All new HCMS members and physicians in their first and second year in practice are eligible to receive one set of free electronic labels.**

LABEL/NAME PRICING	MEMBERS	INSTITUTIONAL
1 – 499 Labels/Names	52.50	105.00
500 – 1,000 Labels/Names	105.00	157.50
1,001 – 2,500 Labels/Names	157.50	210.00
2,501 Labels/Names and up to complete membership (approx. 7,100)	262.50	315.00

Shipping is calculated within the Houston postal zip code area. If shipping outside of area, please ask for an estimate.

Unless a tax-exempt certificate is on file with the HCMS office, sales tax will be added. An invoice And a copy right notice will be included with the processed label request.

If you do not wish to purchase the complete membership, we can provide information by different specialties, zip codes, age preference, newly licensed physicians, and/or by practice setting (Independent Practice, Hospital Employed, Academic) per set of labels/names printed. If you would like to know in advance approximately how many labels/names to expect based on your criteria, please let us know.

Once all information is received please allow **one week** for processing.

If you have any questions, please contact Suzy Pero at the HCMS office, 713-524-4267 or via e-mail suzy\_pero@hcms.org. The completed forms can be emailed to Suzy or faxed to 713-528-0951.

Thank you.

A handwritten signature in black ink, appearing to read "Ahuva Terk".

Ahuva Terk, MBA  
 HCMS Vice President, Member Services

## Harris County Medical Society Basic Membership Statistics

### HCMS Active Members by Top 30 Specialties

Specialty	Total Members
Internal Medicine	935
Family Medicine	754
Pediatrics	579
Anesthesiology	641
Obstetrics and Gynecology	508
Emergency Medicine	147
Psychiatry	210
Pathology, Anatomical/Clinical	256
Surgery, General	232
Cardiovascular Disease	253
Radiology	299
Ophthalmology	256
Orthopedic Surgery	234
Radiology, Diagnostic	244
Radiology Oncology	104
Neurology	167
Dermatology	204
Gastroenterology	182
Oncology	162
Urology	147
Otolaryngology	168
Nephrology	124
Physical Medicine & Rehabilitation	98
Neurological Surgery	77
Endo, Diabetes & Metabolism	81
Infectious Diseases	67
General Practice	82
Pulmonary Diseases	80
Hematology/Oncology	86
Plastic Surgery	148

### HCMS Members by Assigned Branch

Number of Members	Branch
3,115	Central *
148	East
760	North
671	Northwest
672	Southeast
1,248	Southwest
806	West
7,420	TOTAL

*\*Refers to physicians practicing within the 610 Loop*

*A complete list of recognized self-designated practice specialties can be found on page eight of this packet.*

# Harris County Medical Society Request Form

**The following process will be followed to process orders:**

- Orders can be used only for the approved utilization described on page four.
- Content of each mailing must be approved by HCMS one week before labels or electronic data is provided.

**Please specify your preference for labels/names:**

- Press-A-Ply Labels (peel and stick) / Please check:  Zip Code order  Alphabetical order
- Electronic Data (available to use through an approved mail house only)

**Frequency of the request** (check appropriate box below):

- One Time Request only
- Execute the request on the following dates: \_\_\_\_\_

- A new set of labels or electronic data will be provided on each requested date to ensure that member information is as accurate as possible. Consequently, the letter of agreement with the mail house (page seven) which states that "...the purchased mailing list in electronic form for a **one-time** use by the third party client..." still stands. Per letter of agreement, each list should be used once and discarded.
- If providing a credit card on file, that credit card will be charged up on each delivery of the labels. If paying with a check, the full amount will be invoiced for the entire standing order when submitting the contract.
- **HCMS is authorized to charge my credit card on file at each delivery time.**  
\_\_\_\_\_ (please initial) See page six to complete credit card form.

**Order Details:**

- Complete Membership**

**Specific Specialties**, as listed in the Pictorial Roster or page eight of this document. Please list the specialty or specialties you are requesting. You may select more specialties and/or zip codes if needed.

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ (4) \_\_\_\_\_

(5) \_\_\_\_\_ (6) \_\_\_\_\_ (7) \_\_\_\_\_ (8) \_\_\_\_\_

**Specific Zip Codes.** Please list the zip codes you are requesting. Refer to pages 24 in the HCMS Pictorial Roster to view a zip code map or go to <https://www.hcms.org/about/branch-societies> to get the zip codes with in each branch area.

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ (4) \_\_\_\_\_

(5) \_\_\_\_\_ (6) \_\_\_\_\_ (7) \_\_\_\_\_ (8) \_\_\_\_\_

**Age Preference:** (please check all that apply):  All Ages /  20-39  40-59  60-69  70+

**Newly Licensed:**  Please check box only if interested in physicians that have been licensed in Texas within the past two years.

**Practice Settings:**  Independent Practice /  Hospital Employed /  Academic

**Please specify preference of pick up:**

Will pick up labels at the HCMS office (1515 Hermann Drive, Houston, TX 77004)

Please send labels by (please check one):

USPS mail

UPS and invoice to:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**To submit your request:**

- (1) Please return this request form.
- (2) Include a copy of the Agreement of Utilization signed by a member physician.
- (3) Include a copy of the mailing.

**Unless all three pages are present your request cannot be submitted for approval.**

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Date labels to be completed: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

If applicable, please check:

I am a new physician member of HCMS  I am a physician member in my first or second year in practice

**STATE OF TEXAS**

**COUNTY OF HARRIS**

**AGREEMENT ON UTILIZATION OF MEMBERSHIP LABELS/ELECTRONIC DATA**

WHEREAS, the undersigned has requested the Harris County Medical Society to release its membership Labels/Names to (it) (her) (him) (them):

\_\_\_\_\_  
*(Name of Physician/Organization Requesting Labels)*

and,

**WHEREAS, the Executive Board of the Harris County Medical Society has approved such request for use of the membership labels limited to the above stated purpose for a one time use only; and**

**WHEREAS, the Harris County Medical Society does not allow its membership list to be utilized for commercial purposes or for solicitation in any manner unless approved by the Executive Board; and**

**WHEREAS, the Harris County Medical Society does not allow its membership list to be duplicated nor used in any way other than for the purpose listed below.**

Now, therefore, the undersigned party agrees that the membership list released shall be utilized only for the following purposes:

\_\_\_\_\_  
\_\_\_\_\_

and that such party to this agreement shall instruct all employees, agents, or other persons having access to such labels/names to consider the labels/names confidential and that violation of this agreement and understanding may result in appropriate sanctions to be imposed against any party violating this agreement by the Harris County Medical Society.

**COPYRIGHT NOTICE:** It is understood that the purchaser of this list has agreed to use this mailing list on a one time basis only as described on purchaser's offer to buy the list and that the list and/or labels shall not be reproduced, stored in a retrievable system or transmitted in any form by any means, electronic, mechanical, photocopying or recording.

COPYRIGHT 2018 by the HARRIS COUNTY MEDICAL SOCIETY

ANYONE VIOLATING THE COPYRIGHT PROTECTION IS SUBJECT TO PROSECUTION

EXECUTED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2018.

\_\_\_\_\_  
Debbi Eschenbach  
Branch & Project Manager  
Harris County Medical Society

\_\_\_\_\_  
HCMS Member Physician's Signature

\_\_\_\_\_  
HCMS Member Physician (Please Print)

\_\_\_\_\_  
Email Address

**HARRIS COUNTY MEDICAL SOCIETY  
METHOD OF PAYMENT FORM  
LABELS/ELECTRONIC DATA**

**Method of Payment:**

- Check payable to Harris County Medical Society in the amount of \$\_\_\_\_\_
- Credit card (complete below)

**Please Circle the type of Credit Card:** Mastercard / Visa / Discover /American Express

Total Amount Charged: \$\_\_\_\_\_

Credit Card No. \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name as appears on credit card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Billing City, State & Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

*All credit card information is privileged and confidential and will not be duplicated or distributed in any way.*

## LETTER OF AGREEMENT (for electronic data only)

**Between:**

Harris County Medical Society  
1515 Hermann Dr  
Houston, TX 77004-7126

**Name & Address of Mailing House:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Subject:** Custody and Use of Mailing Lists

1. The Harris County Medical Society from time to time authorizes third party clients to use the Society's mailing list to send a mailing whose content has been approved by the Society. The third party client remits any fee payable for use of the mailing list directly to the Society. In the event that the third party client elects to use the services of \_\_\_\_\_ (name of mailing house) for its mailing, the Society will provide the above named mailing house the purchased mailing list in electronic form for **one-time use** by the third party client. The Society will provide this list on either e-mail or compact disk media.
2. The third party client will contract directly with the above named mailing house for mailing services. The third party client will be solely responsible to the above named mailing house for all fees and charges incurred.
3. The third party client will be responsible for providing the mailing content in whatever form they and the above named mailing house have agreed upon.
4. The content of the mailing will be approved by the Society before the Society's mailing list is transmitted. The Society will provide the mailing house with an approved hard copy of the mailing content (which may be sent by fax) and an electronic merge list suitably identified as the list to which the approved content material is to be sent.
5. The above named mailing house agrees to use the mailing list only in the manner, **and for the mailing, specifically authorized for the one mailing only**. The above named mailing house will not release the list to anyone else, including the third party client. The list will be treated as confidential intellectual property and safeguarded accordingly.
6. Upon completion of the mailing, the list will be destroyed. Subsequent mailings will require transmittal of separate mailing lists and separate content authorization.

**Agreed to for the** \_\_\_\_\_  
(insert name of mailing house)

\_\_\_\_\_  
Signature Date Phone

\_\_\_\_\_  
Title Email Address

**For the Harris County Medical Society:**

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Title

Attached: Sample Mailing Content with Approval

*Mailing house Agreement/January 2018*

## CODES FOR SELF-DESIGNATED PRACTICE SPECIALTIES

**A** Allergy  
**ACA** Adult Cardiothoracic Anesthesiology  
**ADL** Adolescent Medicine, Pediatrics  
**ADM** Addiction Medicine  
**ADP** Addiction Psychiatry  
**AHF** Advanced Heart Failure & Transplant Cardiology  
**AI** Allergy and Immunology  
**ALI** Allergy and Immunology, Clinical and Laboratory Immunology  
**AM** Aerospace Medicine  
**AMF** Adolescent Medicine, Family Medicine  
**AN** Anesthesiology  
**APM** Pain Medicine, Anesthesiology  
**AR** Abdominal Radiology  
**AS** Abdominal Surgery  
**ASO** Advanced Surgical Oncology  
**ATP** Anatomic Pathology  
**BIN** Brain Injury Medicine  
**BBK** Blood Banking/Transfusion Medicine  
**CAP** Child Abuse Pediatrics  
**CCA** Critical Care Medicine, Anesthesiology  
**CCG** Clinical Cytogenetics  
**CCM** Critical Care Medicine, Internal Medicine  
**CCP** Pediatric Critical Care Medicine  
**CCS** Critical Care Surgery  
**CD** Cardiovascular Diseases  
**CFS** Craniofacial Surgery  
**CG** Clinical Genetics  
**CHD** Adult Congenital Heart Disease  
**CHN** Child Neurology  
**CHP** Child and Adolescent Psychiatry  
**CHS** Congenital Cardiac Surgery  
**CIP** Clinical Informatics  
**CLP** Clinical Pathology  
**CN** Clinical Neurophysiology  
**CRS** Colon and Rectal Surgery  
**CS** Cosmetic Surgery  
**CTR** Cardiothoracic Radiology  
**D** Dermatology  
**DBP** Developmental-Behavioral Pediatrics  
**DDL** Dermatological Immunology, Clinical and Laboratory  
**DIA** Diabetes  
**DMP** Dermatopathology  
**DR** Diagnostic Radiology  
**DS** Dermatologic Surgery  
**EM** Emergency Medicine  
**END** Endocrinology, Diabetes and Metabolism  
**EP** Epidemiology  
**EPL** Epilepsy  
**ESN** Endovascular Surgical Neuroradiology  
**ETX** Medical Toxicology  
**FM** Family Medicine  
**FOP** Forensic Pathology  
**FPG** Geriatric Medicine, Family Medicine  
**FPR** Female Pelvic Medicine & Reconstructive Surgery, OB/GYN  
**FPS** Facial Plastic Surgery  
**FSM** Sports Medicine, Family Medicine  
**GE** Gastroenterology  
**GO** Gynecological Oncology  
**GP** General Practice  
**GPM** General Preventive Medicine  
**GS** General Surgery  
**GYN** Gynecology  
**HEM** Hematology, Internal Medicine  
**HEP** Hepatology  
**HMP** Hematology, Pathology  
**HNS** Head and Neck Surgery  
**HO** Hematology/Oncology  
**HOS** Hospitalist  
**HPM** Hospice & Palliative Medicine  
**HS** Hand Surgery  
**HSO** Hand Surgery, Orthopedic Surgery  
**HSP** Hand Surgery, Plastic Surgery  
**IC** Interventional Cardiology  
**ICE** Cardiac Electrophysiology, Clinical  
**ID** Infectious Diseases  
**IFP** Internal Medicine, Family Practice  
**IG** Immunology  
**IM** Internal Medicine  
**IMG** Geriatric Medicine, Internal Medicine  
**IPM** Internal Medicine, Preventive Medicine  
**ISM** Sports Medicine, Internal Medicine  
**LM** Legal Medicine  
**MDM** Medical Management  
**MFM** Maternal and Fetal Medicine  
**MG** Medical Genetics  
**MGP** Molecular Genetic Pathology  
**MM** Medical Microbiology  
**MPD** Internal Medicine/Pediatrics  
**MSR** Musculoskeletal Radiology  
**N** Neurology  
**NC** Nuclear Cardiology  
**NDN** Neurodevelopmental Disabilities, Psychiatry & Neurology  
**NDP** Neurodevelopmental Disabilities, Pediatrics  
**NEP** Nephrology  
**NM** Nuclear Medicine  
**NMN** Neuromuscular Medicine  
**NO** Neurology/Otology  
**NP** Neuropathology  
**NPM** Neonatal-Perinatal Medicine  
**NPR** Neurology, Physical Medicine & Rehab  
**NR** Nuclear Radiology  
**NRN** Neurology/Diagnostic Radiology/Neuroradiology  
**NS** Neurological Surgery  
**NSP** Pediatric Surgery, Neurology  
**NTR** Nutrition  
**NUP** Neuropsychiatry  
**OAN** Obstetrics Anesthesiology  
**OAR** Orthopedic Surgery, Adult Reconstructive  
**OBG** Obstetrics and Gynecology  
**OBS** Obstetrics  
**OCC** Critical Care Medicine, Obstetrics and Gynecology  
**OFA** Foot and Ankle, Orthopedic Surgery  
**OM** Occupational Medicine  
**OMF** Oral & Maxillofacial Surgery  
**OMM** Osteopathic Manipulative Medicine  
**OMO** Musculoskeletal Oncology  
**ON** Oncology, Medical  
**OP** Pediatric Orthopedics  
**OPH** Ophthalmology  
**OPR** Ophthalmic Plastic & Reconstructive Surgery  
**ORS** Orthopedic Surgery  
**OS** Other Specialty  
**OSM** Sports Medicine, Orthopedic Surgery  
**OSS** Orthopedic Surgery of the Spine  
**OTO** Otolaryngology  
**OTR** Orthopedic Trauma  
**P** Psychiatry  
**PA** Pharmacology, Clinical  
**PAN** Pediatric Anesthesiology  
**PCC** Pulmonary Critical Care Medicine  
**PCH** Chemical Pathology  
**PCP** Cytopathology  
**PCS** Pediatric Cardiothoracic Surgery  
**PD** Pediatrics  
**PDA** Pediatric Allergy  
**PDC** Pediatric Cardiology  
**PDD** Pediatric Dermatology  
**PDE** Pediatric Endocrinology  
**PDI** Pediatric Infectious Disease  
**PDO** Pediatric Otolaryngology  
**PDP** Pediatric Pulmonology  
**PDR** Pediatric Radiology  
**PDS** Pediatric Surgery, Surgery  
**PEM** Pediatric Emergency Medicine  
**PFP** Forensic Psychiatry  
**PG** Pediatric Gastroenterology  
**PHL** Phlebology  
**PHM** Pharmaceutical Medicine  
**PHO** Pediatric Hematology/Oncology  
**PHP** Public Health & Preventative Medicine  
**PLM** Palliative Medicine  
**PM** Physical Medicine and Rehabilitation  
**PME** Pain Management  
**PMG** Pediatrics/Medical Genetics  
**PMM** Pain Medicine  
**PMP** Pain Medicine, Physical Med & Rehab  
**PN** Pediatric Nephrology  
**PO** Pediatric Ophthalmology  
**PP** Pediatric Pathology  
**PPM** Pediatric Physical Medicine and Rehab  
**PPR** Pediatric Rheumatology  
**PRD** Procedural Dermatology  
**PRO** Proctology  
**PRS** Sports Medicine, Phys Med & Rehab  
**PS** Plastic Surgery  
**PSH** Plastic Surgery within the Head & Neck  
**PSM** Pediatric Sports Medicine  
**PTH** Pathology, Anatomic/Clinical  
**PTP** Pediatric Transplant Hepatology  
**PTX** Medical Toxicology, Preventive Medicine  
**PUD** Pulmonary Diseases  
**PYA** Psychoanalysis  
**PYG** Geriatric Psychiatry  
**PYM** Psychosomatic Medicine  
**R** Radiology  
**REN** Reproductive Endocrinology & Infertility  
**RHU** Rheumatology  
**RNR** Neuroradiology  
**RO** Radiation Oncology  
**RPM** Pediatric Rehabilitation Medicine  
**SCI** Spinal Cord Injury Medicine  
**SME** Sleep Medicine  
**SO** Surgical Oncology  
**SP** Selective Pathology  
**TRS** Trauma Surgery  
**TS** Thoracic Surgery  
**TTS** Transplant Surgery  
**U** Urology  
**UCM** Urgent Care Medicine  
**UM** Undersea & Hyperbaric Medicine  
**UP** Pediatric Urology  
**UPR** Female Pelvic Medicine, Urology  
**US** Unspecified  
**VIR** Vascular and Interventional Radiology  
**VM** Vascular Medicine  
**VN** Vascular Neurology  
**VS** Vascular Surgery