



1. Consent to Medical and Surgical Procedures

The patient identified above consents to the procedures which may be performed during this hospitalization or on an outpatient basis, including emergency treatment or services, and which may include but are not limited to laboratory procedures, x-ray examination, medical and surgical treatment or procedures, anesthesia, or hospital services rendered for the patient under the general and special instructions of the patient's physician or surgeon. The patient also consents to the use of removed organs, tissues, and/or fluids for research or educational purposes.

2. Patient Care

The hospital provides only general patient care unless, upon orders of the patient's physician, the patient is provided more intensive nursing care. If the patient's condition is such as to need the service of a special duty nurse, it is agreed that such must be arranged by the patient or his/her legal representative. The hospital shall in no way be responsible for failure to provide the same and is hereby released from any and all liability arising from the fact that said patient is not provided with such additional care.

3. For Teaching Institutions

Under the supervision of the attending physician, students, residents and post graduate fellows may participate in the care of the patient as a part of the medical education program of the institution. The patient agrees that unless he/she notifies this hospital to the contrary in writing, he/she agrees to participate in various educational programs at this hospital.

4. Legal Relationship Between Hospital and Physician

All physicians and surgeons furnishing services to the patient, including the Emergency Department physicians, radiologist, pathologist, anesthesiologist, and the like, are independent contractors with the patient and are not employees or agents of the hospital. The patient is under the care and supervision of his/her attending physician and it is the responsibility of the hospital and its nursing staff to carry out the instructions of such physician. It is the responsibility of the patient's physician or surgeon to obtain the patient's informed consent, when required, to medical or surgical treatment, special diagnostic or therapeutic procedures, or hospital services rendered for the patient under the general and special instructions of the physician.

5. Personal Valuables

It is understood and agreed that the hospital maintains a safe for the safekeeping of money and valuables, and the hospital shall not be liable for the loss or damage to any money, jewelry, documents, fur garments, dentures, eye glasses, hearing aids, prosthetics or other articles of unusual value and small size, unless placed in the safe, and shall not be liable for loss or damage to any other personal property, unless deposited with the hospital for safekeeping. The maximum liability of the hospital for loss of any personal property which is deposited with the hospital for safekeeping is limited to five hundred dollars (\$500.00) unless a written receipt for a greater amount has been obtained from the hospital by the patient.

6. Consent to Photograph/Videotaping

The hospital is permitted to take pictures of the medical or surgical progress involving the patient and to use same for scientific, educational or research purposes.

The patient consents to photography during medical and surgical procedures and the use of same for scientific, educational or medical research purposes. The patient further consents to routine photography related to patient care, including newborns.

7. Emergency or Laboring Patients

In accordance with Federal Law, I understand my right to receive an appropriate medical screening examination performed by a doctor, or other qualified medical professional, to determine whether I am suffering from an emergency medical condition and, if such a condition exists, stabilizing treatment within the capabilities of the hospital's staff and facilities, even if I cannot pay for these services, do not have medical insurance or I am not entitled to Medicare or Medicaid.

8. Financial Obligations

Notwithstanding section (7), I further understand that I am responsible to the hospital and physician(s) for all reasonable charges incurred by me and not paid by third party benefits. In the event that said bill, or any part thereof, is deemed delinquent by the hospital, I understand that I will be responsible for collection of expenses as well as reasonable attorney's fees and court costs if a suit is instituted. All delinquent accounts shall bear interest at the maximum rate allowed by law.

9. Assignment of Insurance or Health Plan Benefits to Hospital

The undersigned assigns and hereby authorizes, whether he/she signs as agent or as patient, direct payment to the hospital of all insurance and plan benefits otherwise payable to or on behalf of the patient for this hospitalization or for these outpatient services, including emergency services if rendered, at a rate not to exceed the hospital's regular charges. It is agreed that payment to the hospital pursuant to this authorization by an insurance company or health plan shall discharge said insurance company or health plan of any and all obligations under the policy to the extent of such payment. It is understood by the undersigned that he/she is financially responsible for charges not covered by this assignment.

10. Assignment of Insurance or Health Plan Benefits to Hospital-Based Physicians

The undersigned authorizes, whether he/she signs as agent or as patient, direct payment to any hospital-based physician of any insurance or health plan benefits otherwise payable to or on behalf of the patient for professional services rendered during this hospitalization or for outpatient services, including emergency services if rendered, at a rate not to exceed such physician's regular charges. It is agreed that payment to such physician pursuant to this authorization by an insurance company or health plan shall discharge said insurance company or health plan of any and all obligations under the policy to the extent of such payment. It is understood by the undersigned that he/she is financially responsible for charges not covered by this assignment.

11. Medicare Patient's Release of Information

I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act is correct. I authorize release of any information needed to act on this request. I request that payment of authorized benefits be made in my behalf. I assign payment for the unpaid charges of the physician(s) for whom the hospital is authorized to bill in connection with its services. I understand I am responsible for any remaining balance not covered by other insurance.

12. I Have Received the Additional Facility Specific Addendums:

- Patient Rights and Responsibilities
- Important Message from Champus
- Important Message from Medicare
- Information regarding Advance Directives
- Not Applicable
- Patient has executed Advance Directives – Copy obtained YES NO
- Texas Disclosure Form
- Florida Hospital Rates Disclosure, if desired.
- Other Specific Items as listed here: _____

13. Release of Information

The hospital will obtain the patient's consent and authorization to release medical information, other than basic information, concerning the patient, except in those circumstances when the hospital is permitted or required by law to release information.

The undersigned has consented to the release of medical information to entities that provide care in post-acute settings. In accordance with the Safe Medical Device Act of 1990, the undersigned agrees that in the event a permanent medical device is implanted, the hospital is hereby authorized to notify the manufacturer of patient's name, address, telephone number, and social security number (if available) as well as other information about the implantation.

Would you like a copy of your record sent to your family physician or physician of referral at time of discharge?
 Yes No Initial _____

The hospital is authorized, without further action by or on behalf of the patient, to disclose all or any part of the patient's record to any entity which is or may be liable to this hospital, patient or any entity affiliated with patient for all or part of the hospital's or hospital-based physicians' charges for the patient's services (including, without limitation, hospital or medical service companies, insurance companies, workers' compensation carriers, welfare funds, patient's employer or medical utilization review organization designated by of the foregoing.)

14. Financial Responsibility Agreement by Person Other than the Patient or the Patient's Legal Representative

I agree to accept financial responsibility for services rendered to the patient and to accept the terms of the Financial Obligations (Paragraph 8) and Assignment of Insurance or Health Plan Benefits (Paragraph 9 and 10) set forth above.

_____ Date _____ Financially Responsible Party _____ Witness

Translator: I have accurately and completely read the foregoing document to _____ (name of patient/person legally authorized to give consent) in _____, the patient's or patients representative's primary language. He/she understood all the terms and conditions and acknowledged his/her agreement thereto by signing this document in my presence.

The undersigned certifies that he/she has read the foregoing, received a copy thereof, and is the patient, the patient's legal representative, or is duly authorized by the patient as the patient's general agent to execute the above and accept its terms.

_____ / _____ Date/Time _____ Patient/Parent/Guardian/Conservator/Responsible Party _____ Translator

_____ If other than patient, indicate relationship _____ Witness _____ Witness

A COPY OF THIS DOCUMENT IS TO BE DELIVERED TO THE PATIENT AND ANY OTHER PERSON WHO SIGNS THIS DOCUMENT