

## GENERAL CONSENT for Hospital and Clinic Based Health Care

An Affiliate of **MERCYONE**

### GENERAL

The patient or surrogate decision maker or financial guarantor (*hereafter* “patient”) consents to any and all medically necessary laboratory tests, diagnostic procedures, and health care treatment (*hereafter* “healthcare treatment”) ordered by the provider or qualified medical/healthcare practitioner. The patient retains the right to refuse any medically necessary health care treatment ordered by the provider or qualified medical/healthcare practitioner. Independent providers, as well as Adair County Health System (*hereafter* “ACHS”) employed providers, are fully responsible for health care treatment decisions. By law, Adair County Hospital does not and cannot practice medicine. It is important to note that healthcare treatments contain risk, including risk of death or disability.

ACHS and/or providers may take photographs or other images of the patient’s body or body parts for use in medical evaluation/education.

Health care students and/or resident providers, as directed by the provider or professional personnel, may be present and involved in the patient’s health care treatment.

During an Acute, Observation or skilled stay ACHS provides general duty nursing care. If the patient seeks continuous or special duty nursing care, the patient or his designee must arrange for it. ACHS and its providers shall not be responsible for failure to provide such care and are hereby released from any and all liability arising from the patient obtaining such care.

Pathology and radiology services are medical services performed or supervised by providers, and the personnel and facilities are or may be furnished by the ACHS for said services. Charges for such services are or may be collected by the ACHS on behalf of the providers pursuant to an agreement between the providers and the ACHS. I consent that an agreed sum will be retained by the ACHS in accordance with an existing agreement between the providers and the ACHS.

The patient is responsible for securing personal property with the nursing or appropriate hospital staff. ACHS is not responsible for the loss or damage to the patient’s personal property while an outpatient or inpatient of ACHS except in the case of ACHS’s gross negligence. Failure to secure patient personal property is considered patient behavior that contributed to the loss or damage of personal property. Claims for loss of personal property will be reviewed for possible settlement. ACHS is not responsible for any damage or injury resulting from the use of any patient owned equipment/appliance.

By providing my cell, landline, or any other number(s), I expressly consent to receiving communications from ACHS, its staff, its contractors, collection agents, and others, at any numbers I provide or that are later acquired for me. These parties may use this information to contact me by live agent, voice mail, text message, using an auto dialer or other computer assisted technology, pre-recorded message(s), or by any other form of electronic communication for any purpose including, but not limited to, appointment and follow-up health care reminders, scheduling, my account(s), assignment of benefits, and/or financial responsibility. I understand that depending on my phone plan I could be charged for these calls or text messages. I agree to provide new number(s) if my number(s) change. Providing these numbers is not a condition of receiving healthcare services.

The patient consents to ACHS to obtain their medication history information electronically through a pharmacy health information exchange (e.g., Surescripts, E-Prescribe). Providers access the information to know what medications the patient is taking so that they can treat the patient appropriately and avoid adverse drug reactions.

Patient acknowledges and consents to ACHS utilizing telemedicine or other electronic technologies to communicate between healthcare providers and patients receiving care at ACHS.

The patient understands and agrees with the above statements. For pregnant patients, this also applies to the newborn infant(s).

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**FINANCIAL**

The patient understands that the patient is responsible for and agrees to pay for any and all health care treatment and the services provided. The patient assigns and authorizes payment to the ACHS and to the provider, as applicable, from Medicare, Medicaid and commercial insurance benefits and any other sources payable to the patient, for payment of any and all health care treatment and services provided. The patient authorizes the release of any and all information for determining the benefits or other funds available for payment for any and all health treatment and services related to this period of this event, including those related to HIV/AIDS and/or substance abuse and mental health.

The patient further assigns ACHS the right to transfer any credit balance on the patient’s account to any other open account the patient may have with ACHS. ACHS reserves the right to review the credit of the patient, guarantor or financially responsible party including the receiving and transmitting of credit information to consumer credit reporting services in compliance with the law.

The patient understands and agrees with the above statements. For pregnant patients, this also applies to the newborn infant(s).

**RIGHTS AND PRIVACY**

Adair County Health System's (ACHS) privacy notice provides information about how we may use and disclose protected health information about you and states your rights with respect to your medical information. ACHS has the right to revise these information practices and amend the Notice of Privacy Practices. In the event of a change you may obtain a revised copy by requesting one from the hospital registration or business office. A revised notice will be posted in the registration office.

You have the right to review your patient rights and responsibilities.

I give my permission to ACHS personnel to leave a message concerning protected health information as given during the registration process

**Patient**

**Surrogate Decision Maker (*Relationship to Patient*)**

\_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

**Witness**

**Title/Position**

\_\_\_\_\_

**English**-ACHS complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

**Espanol (Spanish)**—ACHS cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

**Français (French)**—ACHS se conforme aux lois fédérales applicables en matière de droits civils et ne fait aucune discrimination fondée sur la race, la couleur, l'origine nationale, l'âge, le handicap ou le sexe.

**English--ATTENTION:** If you speak English, language assistance services, free of charge, are available to you on site.

**Español (Spanish)--ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

**Français (French)--ATTENTION :** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement.