

**Conditions of Admission to Huntington Memorial Hospital**

1. **CONSENT TO MEDICAL AND SURGICAL PROCEDURES:** The undersigned consents to the procedures which may be performed during this hospitalization or on an outpatient basis, including emergency treatment or services, which may include, but are not limited to laboratory procedures, x-ray examination, medical or surgical treatment or procedures, anesthesia or hospital services rendered to the patient under the general and special instructions of the patient's physician or surgeon. You understand that the hospital and staff have the right to photograph or videotape you for purposes of diagnoses, treatment or internal hospital education and training programs. Photos and videotapes taken for purposes of diagnosis or treatment will become part of your medical record. **If you or your legal representative do not want the hospital to photograph or videotape you, you must make a written request to the hospital.**
2. **NURSING CARE:** This hospital provides only general duty nursing 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 the patient or his/her legal representative must arrange such. 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. **FINANCIAL ARRANGEMENT:** The undersigned agrees, whether he/she signs as agent or a patient, that in consideration of the services to be rendered to the patient, he/she hereby individually obligates himself/herself to pay the account of the hospital in accordance with the regular rates and terms of the hospital. Should the account be referred to an attorney or collection agency for collection, the undersigned shall pay actual attorneys' fees and collection expenses. All accounts shall bear interest at the legal rate.
4. **ASSIGNMENT OF INSURANCE BENEFITS AND/OR PAYMENTS:** The undersigned authorizes, whether he/she signs as agent or as patient, direct payment to the hospital of any insurance benefits and/or payments, 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 actual charges. A lien is granted to the hospital on any and all proceeds payable to me or on my behalf, received by reason of any judgement, settlement, or compromise of any claim or legal action related to the injuries which caused my hospitalization.
5. **HEALTH CARE SERVICE PLAN OBLIGATION:** This hospital maintains a list of healthcare service plans with which it contracts. A list of such plans is available upon request from the financial office. The hospital has no contract, express or implied, with any plan that does not appear on the list. The undersigned agrees that he/she is individually obligated to pay the full charges of all services rendered to him/her by the hospital if he/she belongs to a plan which does not appear on the above mentioned list.
6. **PARTICIPATION IN TEACHING PROGRAMS:** It is understood that the hospital is a teaching institution. Unless the hospital is notified to the contrary in writing, as part of the health education program of this institution, house officers under the direction of patient's attending physician or other students in contracted allied health training programs may participate in patient's care.
7. **PROPOSITION 65:** Certain products used for patient care in the hospital contain or are sterilized using chemicals known to the state of California to cause cancer or reproductive toxicity. It is understood that you may be exposed to the chemicals in question that are known to the state to cause cancer, or birth defects or other reproductive harm (Safe Drinking Water and Toxic Enforcement Act of 1986).
8. **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, furs, fur coats and fur garments or other articles of unusual value and small size, unless placed therein, and shall not be liable for loss or damage to any other personal property, unless deposited with the hospital for the safekeeping. The liability of the hospital for loss of any personal property, which is deposited with the hospital for

safekeeping, is limited by statute to five hundred dollars (\$500.00) unless a written receipt for a greater amount has been obtained from the hospital by the patient.

Patient's initials: \_\_\_\_\_ Date: \_\_\_\_\_

**9. LEGAL RELATIONSHIP BETWEEN HOSPITAL AND PHYSICIAN: Physicians Are Independent Contractors.** All physicians and surgeons furnishing services to the patient, including the radiologist, pathologist, anesthesiologist and the like, are independent contractors with the patient and are not employees or agents of the hospital. **Some independent contractors may bill separately.**

Patient's initials: \_\_\_\_\_

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 surgical treatment, special diagnostic or therapeutic procedures, or hospital services rendered the patient under the general and special instructions of the physician.

**10. RELEASE OF INFORMATION/NOTICE OF PRIVACY PRACTICES:**

The circumstances under which the hospital may use or disclose health information related to you concerning the care and including treatment information you receive here are described in the Notice of Privacy Practices, which is provided to you the first time you receive services from the hospital and is otherwise available to you upon request. The Notice of Privacy Practices is incorporated into this Conditions of Admission by this reference. The patient hereby acknowledges the receipt of the Notice of Privacy Practices.

The undersigned agrees that, to the extent necessary to determine liability for payment and to obtain reimbursement, the hospital may disclose portions of the patient's record, including his/her medical records, to any person or corporation which is or may be liable, for all or any portion of the hospital's charges, including, but not limited to insurance companies, health care service plans, or Worker's Compensation carriers. Special permission is needed to release this information if the patient is treated for alcohol or drug abuse.

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 term, and agree that they are irrevocable.

Date: \_\_\_\_\_ Time: \_\_\_\_\_ a.m./p.m. Signature: \_\_\_\_\_  
**(Patient/Parent/Conservator/Guardian)**

If signed by other than patient, indicate relationship: \_\_\_\_\_

Witness: \_\_\_\_\_ Interpreter: \_\_\_\_\_

**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 Financial Agreement, Assignment of Insurance Benefits, and Health Care Service Plan Obligation provisions above and agree that they are irrevocable.

Date: \_\_\_\_\_ Time: \_\_\_\_\_ a.m./p.m.

Financially responsible party's signature: \_\_\_\_\_

Witness: \_\_\_\_\_

Interpreter: \_\_\_\_\_

Patient's name: _____
Admission date: _____