



GENERAL CONSENT for Clinic Based Health Care

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 physician or qualified medical/healthcare practitioner. The patient retains the right to refuse any medically necessary health care treatment ordered by the physicians or qualified medical/healthcare practitioner. Independent physicians, as well as Clinic employed physicians, are fully responsible for health care treatment decisions. It is important to note that healthcare treatments contain risk, including risk of death or disability.

The Clinic and/or physicians 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 physicians, as directed by the physician or professional personnel, may be present and involved in the patient’s health care treatment.

The Clinic provides general duty nursing care. If the patient seeks continuous or special duty nursing care, the patient or his designee must arrange for it. The Clinic and its physicians 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 physicians, and the personnel and facilities are or may be furnished by the Clinic for said services. Charges for such services are or may be collected by the Clinic on behalf of the physicians pursuant to an agreement between the physicians and the Clinic. I consent that an agreed sum will be retained by the Clinic in accordance with an existing agreement between the physicians and the Clinic.

The patient is responsible for securing personal property with the Public Safety Department. The Clinic is not responsible for the loss or damage to the patient’s personal property while in the Clinic except in the case of the Clinic’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. The Clinic 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 Adair County Medical Clinic, 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 Adair County Medical Clinic to obtain their medication history information electronically through a pharmacy health information exchange (e.g., Surescripts, E-Prescribe). Physicians and 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.

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 Clinic and to the physician, 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 to the Clinic the right to transfer any credit balance on the patient’s account to any other open account the patient may have with Clinic. The Clinic 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).

RIIGHTS 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 Clinic 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 the Adair County Medical Clinic personnel to leave a message concerning protected health information as given during the registration process.

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

Dated this _____ day of _____ of 20____. Time: _____.