Affix Patient Label

Name______________________ Date of birth__________

I agree to all procedures, hospital care, and treatment my doctor has ordered.

My doctor may have help from other healthcare professionals. My doctor may change my care to benefit my life or health.

Bronson has an electronic health record that allows my information to be shared with those who need access to provide, coordinate and/or manage my care.

I agree that:
I will ask questions.

No one has made promises about my treatment or care.

Tissues, body parts or specimens can be tested or used for research. They will be disposed of with respect.

Approved students or staff may look at my treatment and medical records for teaching or research. Information identifying me will not be published unless I agree.

If I am here to give birth, my doctor and other healthcare professionals can give care to my baby.

I understand that:
The staff will double-check who I am. They will ask what I am having done. This is to protect me.

Hospital staff may post or call my name unless I check the "NO" box. ☐ NO

I have rights and responsibilities when I receive services. This information has been provided to me.

Some doctors and their staff are not employees of Bronson. This includes:

- Radiologists
- Pathologists
- Anesthesiologists
- Emergency Room Doctors

I know that Bronson is not responsible for their actions.

An HIV (AIDS virus) test or other blood test may be done without my consent after someone who has helped in my care is exposed to my blood or other body fluids. An example of this would be a skin cut.

My Medical Information
This facility may release my medical record to:

- Insurance companies responsible for paying for these services
- Government agencies like Medicare or Medicaid
- My doctor and others involved in my care.
- My employer. This is limited to records for services requested by them.
- Anyone responsible for all or part of my bill.

I know this can include information about drug or alcohol abuse, mental illness, HIV or related illnesses.

Affix Patient Label

Charges for Services
I know I am responsible for charges not covered by my insurance.

My insurance can pay this facility for the procedures or treatment covered by insurance. The facility can act for me to pursue payment of claims under my health plan. I will work with the hospital to get payment if my health plan does not pay all or part of the bill.

I agree, in order for Bronson to service my account or to collect any amounts I may owe, they may contact me by telephone at any telephone number associated with my account, including wireless telephone numbers, which could result in charges to me. Bronson may also contact me by sending text messages or e-mails, using any e-mail address I provide to use. Methods of contact may include using pre-recorded/artificial voice messages and/or use of an automatic dialing device, as applicable.

I authorize my health plan coverage to pay this facility directly for those services that are covered by my health plan. The facility can act for me to pursue payment of claims under my health plan. If the health plan does not approve payment, I designate the facility as my authorized representative to pursue any appeals.
I will help the facility to get payment and pursue any appeals if my health plan does not pay all or part of the bill.
I understand that I am responsible to pay the difference between the facility's bill and the amounts paid by my health plan.

I understand that even if I am in a bed I may still be considered an outpatient and I may be responsible for:

- Co-payments
- Deductibles
- Some medications

I know I may receive a bill from a Radiologist, Pathologist, Anesthesiologist or Emergency Room doctor. I will contact their office and ask about insurance participation.

Medicare Patients
The information I gave the facility is correct. The facility may release my medical information to anyone responsible for paying this or a related Medicare claim. Payment of Medicare benefits should be made to this facility. I know I may be responsible for paying:

- Deductibles
- Co-insurance
- Charges not covered by Medicare
- Some Part D Prescription Drug Claims

Valuables
Bronson encourages patients to leave valuables at home or with a family member. This facility is very careful to safeguard my property. I know I can deposit any valuables I have in the safe when I am admitted. This facility is not responsible for valuables not deposited for safekeeping.

I have read this form. All my questions have been answered.

____________________________ ______________
Patient Signature — Date

____________________________ ______________
Parent or Guardian Signature — Relationship to Patient

____________________________ _______ _______
Witness — Date — Time