

ADMISSION CONSENT

I request services and care be furnished to me by any CentraCare entity or affiliate, as listed above:

1. **GENERAL CONSENT FOR TREATMENT.** I agree to the performance of such procedures and treatments that the attending/consulting physician deem necessary.
2. **RELEASE OF HEALTH INFORMATION.** Health Information includes transfer records, medical records, photos, financial documentation, and other documentation. I authorize CentraCare to release my information as follows:
 - A. To all third-party insurance carriers, health service plans, health maintenance organizations, or third-party administrators (my insurance company). This release is necessary to determine payment of my CentraCare bill, payment of claims, care coordination, and/or fraud investigation.
 - B. For quality of care review studies.
 - C. To other CentraCare facilities for patient care and billing purposes.
 - D. To other health care providers for patient care and billing purposes.
 - E. For research. Most clinical research using my information requires CentraCare to obtain a separate consent. CentraCare will not obtain separate consent if: (a) the researcher certifies the information is only for preparing the project; they will maintain the confidentiality of the information; and will not remove any information from CentraCare or (b) an Institutional Review Board (IRB), determines in advance that use or disclosure of my health information meets specific criteria required by law. If I do not wish to have my information shared for research in these two instances, I may opt out by initialing here: _____
 - F. To callers or visitors seeking to visit or speak with me during this hospitalization or visit. This may include clergy.
 - G. To independent contractors or technicians on an incidental and limited release in order to repair information systems. These parties sign confidentiality agreements.
 - H. I understand that my medical record is part of the CentraCare Electronic Medical Record, an integrated Electronic Medical Record System. CentraCare and non-CentraCare organizations may access this secured system to provide improved patient care, patient safety, and coordinated care. A list of these affiliates will be provided upon request.
 - I. I understand certain circumstances may require disclosure of information to organizations such as health departments or the Centers for Disease Control and Prevention. This may include cases of HIV, tuberculosis, viral meningitis, and other diseases.
3. **INSURANCE BENEFITS, GUARANTEE OF ACCOUNT, AND RELATED INFORMATION.**
 - A. I personally guarantee payment of any CentraCare bill, including services which are not paid by insurance, government programs, or other third-party sources.



- B. I personally guarantee payment of any charges resulting from any and all health care services. This includes charges, which for any reason, are not paid in whole or in part by insurance, government programs, or other third-party sources. Similarly, I understand CentraCare is not bound by language contained on my medical benefits card or any representation made accompanying an insurer or other third-party payors' payment, purporting to limit my obligation to pay or CentraCare's right to payment in full for services. I agree and acknowledge that CentraCare does not agree to any reduction or waiver of any charges for any reason except pursuant to CentraCare policy or the acceptance of a participating provider's contract with an insurer, government program, or other third-party payor.
- C. I request payment for Medicare, Medicaid, and/or health insurance benefits which I may be entitled, including physician services. I authorize insurance, Medicare, Medicaid, or other funds that I or the patient, if the patient is a minor, may be entitled to, paid directly to CentraCare.
- D. My insurance company may share my past, present, and future health or account records with CentraCare or other providers for the purpose of managing, coordinating, or improving my care.

4. **APPLICABILITY TO OTHER PROVIDERS.** Other providers may furnish me services while at CentraCare including providers that furnish information and services for billing and patient care, by electronic database or otherwise. I acknowledge that the above consents apply to these providers.
5. **PATIENT BILL OF RIGHTS.** A copy of the Minnesota Patient Bill of Rights has been made available to me.
6. **EMAIL AND OTHER ELECTRONIC METHOD CONTACT.** When you provide CentraCare an email or telephone number, you consent to receiving communication, including but not limited to, prerecorded or artificial calls, text messages, and calls made by an automatic dialing system from CentraCare or an agent regarding my care. Contact may incur access fees from the cellular provider.
7. **CONSENT TO TREATMENT AND EVALUATION OF MINOR PATIENT.** I consent to CentraCare providers, professionals, and care-coordinators contacting the minor patient for re-evaluation and treatment related to the Patient Health Questionnaire (PHQ-9) for a period of one year from the date of my signature. This contact may occur via phone, text-message, artificial voice-messaging, email, or in-person.
8. **TELEHEALTH.** I understand that telemedicine is the use of electronic information and communication technologies by a provider to deliver services to me when the provider is located at a different site; and hereby consent to CentraCare providing health care services to me via telemedicine.
9. **RELEASE OF RESPONSIBILITY FOR LEAVING MEDICAL UNIT.** I am aware that leaving the medical unit against medical advice or unaccompanied by staff or volunteers, may adversely impact my care and I may be responsible for any costs associated with leaving. Hospital staff or volunteers will not accompany outside of medical unit for reasons that do not impact medical care. I assume all risks, waive all claims, and release and indemnify CentraCare from liability if I leave my medical unit against medical advice or unaccompanied by staff or volunteers.
10. **PROPERTY.** I understand CentraCare is not responsible for any loss of cash, jewelry, or other personal property which I choose to keep in my possession.
11. **VIDEO AND AUDIO RECORDING.** I understand that my stay at CentraCare will be subject to video and audio recording for the safety of patients, employees, and visitors.

12. DISCLOSURE OF PHYSICIAN COVERAGE: CENTRACARE – SAUK CENTRE, CENTRACARE – MELROSE, CENTRACARE – LONG PRAIRIE, CENTRACARE—PAYNESVILLE, AND CARRIS HEALTH are critical access hospitals providing 24-hour service to our community, complying with Medicare’s Critical Access Hospital regulations. We are staffed with highly trained and qualified personnel. We do not have a physician in the building 24-hrs a day/7 days a week. During these times nurses or physician assistants assess and monitor patients and call in physicians when needed. Our scheduling system ensures a physician is immediately available when a patient needs emergency care. We are dedicated to providing high-quality care, close to home.

SIGNATURE OF PATIENT / AUTHORIZED REPRESENTATIVE		DATE	TIME
RELATIONSHIP	REASON PATIENT DID NOT SIGN		
PATIENT’S NAME	PATIENT’S MRN	PATIENT’S DATE OF BIRTH	

