

Barlow

RESPIRATORY HOSPITAL

TRUSTED ~ PROVEN ~ AWARD-WINNING

Conditions of Admission

Patient Copy

CONDITIONS OF ADMISSION TO BARLOW RESPIRATORY HOSPITAL

For _____
Name of Patient

1. CONSENT TO MEDICAL AND SURGICAL PROCEDURES

The undersigned consents to the procedures which may be performed during the hospitalization or on an outpatient basis, including emergency treatment of services, and which may include but are not limited to laboratory procedures, x-ray examination, medical or surgical treatment or procedures, insertion of peripherally inserted central venous catheters, anesthesia, or hospital services rendered the patient under the general and special instructions of the patient's physician or surgeon.

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 such must be arranged by the patient or his/her legal representative. 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. LEGAL RELATIONSHIP BETWEEN HOSPITAL AND PHYSICIAN

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

These physicians will bill separately for their services. Patient or patient's legal representative's initials: _____

4. CONSENT TO PHOTOGRAPHY

The undersigned consents to the use of photography (including still images, videotaping, filming, and other types of recording and reproducing images) for purposes related to diagnosis or treatment, or for use in training and education programs conducted by the hospital.

5. PERSONAL VALUABLES

The hospital encourages all valuables and personal items be left at home. The hospital maintains a fireproof safe for the safekeeping of money and valuables. The hospital is not liable for the loss or damage to any money, jewelry, documents, eyeglasses, dentures, hearing aids, cell phones, laptops, other personal electronic devices, or other articles that are not placed in the safe. Hospital liability for loss of any personal property deposited with the hospital for safekeeping is limited by law to five hundred dollars (\$500) unless a written receipt for a greater amount is received from the hospital.

CONDITIONS OF ADMISSION TO BARLOW RESPIRATORY HOSPITAL

2000 Stadium Way – Los Angeles, CA 90026
(213)250-4200

Form # NSG 10037 - Rev. .11-2015

Distribution White: Patient Medical Record
Canary: Patient or Patient's Legal Representative

Patient Identification

6. FINANCIAL AGREEMENT

The undersigned agrees, whether he/she signs as agent or as 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 attorney's fees and collection expenses. All delinquent accounts shall bear interest at the legal rate.

7. ASSIGNMENT OF INSURANCE BENEFITS

The undersigned authorizes, whether he/she as agent or patient, direct payment to the hospital of any insurance benefits otherwise payable to or on behalf of the patient for this hospitalization or these outpatient services. It is agreed that payment to the hospital, pursuant to this authorization, by an insurance company shall discharge said insurance company of any obligations under a policy to the extent of such payment. It is understood by the undersigned that he/she is financially responsible for charges not paid by this assignment.

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 terms.

Signature
Date Patient or legal representative (parent/guardian/conservator)

Time If other than patient, indicate relationship

Witness

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 the Financial Agreement and Assignment of Insurance Benefits above.

Date Financially Responsible Party

Time Witness

A COPY OF THIS DOCUMENT IS TO BE DELIVERED TO THE PATIENT AND ANY OTHER PERSON WHO SIGNS THIS DOCUMENT. THE ORIGINAL SHALL BE FILED IN THE PATIENT'S MEDICAL RECORD

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