



GENERAL CONSENT

CONSENT FOR MEDICAL TREATMENT:

I* and/or my parents(s) or guardian(s) consent to let the physicians, nurses, other health care providers, and employees of Akron Children's Hospital, attending physicians and other physicians, or any of their assistants or designees, do all things that may be needed to diagnose, treat and care for the needs of the above-referenced patient.

Children's is a teaching hospital and I understand and agree that people who are in training, including, but not limited to, fellows, residents, and students, may assist or participate in my care.

I understand and agree that Children's may take photos, video, or audio recording of me and use them for clinical, legal purposes and quality improvement purposes.

I understand and agree that Children's may at its discretion provide certain services to me by remote means called "telehealth".

Children's may keep, preserve and use, or properly dispose of any tissue, samples, parts or organs that are taken during operation(s) or procedure(s).

I understand that the practice of medicine is not an exact science and that no guarantees have been made about the results of my examination or treatment at Children's.

FINANCIAL RESPONSIBILITY AND ASSIGNMENT OF BENEFITS:

I agree to pay all bills for my care, including bills that insurance benefits do not pay. This includes bills for Children's, physicians or other entities that provided services during my care. I authorize Children's to bill my insurance carrier and request that payments be made directly to Children's. I assign to Children's, my physicians and other healthcare professionals involved in my care, all of my rights and claims for reimbursement under any private health insurance policy, Medicare, Medicaid, Tricare, any other program for which benefits may be available to pay Children's for the services provided to me, or other payments or judgments. If I choose to pay for certain services out of pocket and exercise my right to limit disclosure of the information to my payer regarding those services, I understand that a financial agreement will be established. I agree to cooperate and provide complete and accurate information as needed to establish my eligibility for such benefits.

PERSONAL VALUABLES:

I understand that I am responsible for any items I choose to keep with me while I am at Children's. Children's is not responsible for any lost, stolen or damaged personal items and is not responsible to replace such property.

PATIENT RIGHTS/PRIVACY INFORMATION:

I understand I have the right to take part in decisions about my healthcare and plan for treatment. I have the responsibility to wear my patient identification at all times while at Children's hospital campus. In addition, my parents/family/guardian/visitors have the responsibility to wear their Children's identification at all times while at Children's hospital campus. I have received, read, or had explained to me, and acknowledge receipt of the following documents and/or information, and all my questions have been answered.

- Patient Rights and Responsibilities
- Complaint/Grievance Procedure
- Health Information Exchange Brochure
- HIPAA Notice of Privacy Practices
- Advance Directive Information (Patients 18 years & older)
- Free Hospital Care Information
- "An Important Message from Medicare" (Medicare patients)
- "An Important Message from Tricare" (Tricare patients)

*Throughout this document the use of the term "I" will refer to "I and/or my parents or guardians." The use of the term "me" "myself" or "my" shall refer to the patient. The use of "Children's" will refer to Akron Children's Hospital, its physicians, nurses, other health care providers, employees, attending physicians and other physicians, and their assistants or designees.



