

# CONSENT TO TREATMENT

## AUTHORIZATIONS/AGREEMENTS/INSURANCE ASSIGNMENTS

As a patient of The Lawrence Memorial Hospital d/b/a LMH Health ("LMH"), I, my agent, personal representative, or legal guardian ("I") agree:

- 1. Consent to Treatment:** I am under the care and supervision of my attending physician or designees and it is the responsibility of LMH and its staff to carry out the instructions of these physician(s), dentist(s) or other allied health professional(s). I consent to x-ray examinations, laboratory procedures, anesthesia, medical or surgical or hospital services rendered to me under the general and special instructions of these health providers or other authorized providers. I agree that any and all removed tissues, organs, or parts may be disposed of in accordance with accepted medical practice and may be used in a non-identifying manner for scientific, educational or research purposes. I understand and consent to the testing of blood, urine or gastric contents and other body fluids for alcohol or drug content when performed for medical purposes.
- 2. Emergency Treatment:** If I require emergency medical services from the Emergency Department, these services will be provided regardless of my ability to pay. If these services are not covered by insurance, I will be personally responsible for non-covered charges.
- 3. Patient Rights:** I have the right to make informed decisions regarding my treatment while a patient at LMH. A separate form entitled "Patient's Bill of Rights" lists information regarding my rights as a patient. These are posted throughout LMH and I have been offered a copy.
- 4. Advance Directives:** I have a right to formulate Advance Directives (such as a Living Will or a Durable Power of Attorney for Healthcare) and LMH will provide further information or help in completing them at my request. I understand that I am responsible for making my care team at LMH aware of any previously executed Advanced Directives or Do Not Resuscitate Directive so that these documents are incorporated into my medical record.
- 5. Newborns:** If I am here for the purpose of delivery of my infant, I understand that certain tests, including blood tests, may be recommended or required by state law, and give consent for LMH to obtain the blood sample and forward it to the Kansas Health and Environment Laboratory, Department of Health and Environment (PHU, T-4, galactosemia, congenital hypothyroidism, hemoglobinopathies.)
- 6. Vaccinations:** I understand that vaccinations may be recommended by CMS (Medicare) and included as part of my plan of care by my attending physician(s).
- 7. Teaching Program:** LMH is a clinical training site for students, including resident physicians. I understand these students or resident physicians may provide care to me under the direction and supervision of an attending physician, his/her designees, or hospital employees, as appropriate to the type of student.
- 8. Personal Belongings:** LMH maintains a safe for storage of patient valuables and recommends that I place any valuables in the safe during my hospital stay. All personal belongings not placed in the safe are solely my responsibility and LMH shall not be liable for any resulting loss or damage of such personal property.
- 9. Contraband:** For my safety and the safety of others, the possession of illegal drugs, weapons, contraband, alcohol, or other dangerous articles are not allowed on LMH's premises by patients or visitors, and such items will be confiscated and turned over to law enforcement personnel. I understand that my person and personal property are subject to search while I am a patient at LMH for such items, and if any of the above items are found, LMH shall dispose of them as appropriate, including delivering any item(s) to law enforcement personnel.
- 10. Non-Smoking Facility:** I will not smoke or vape on any LMH campus.
- 11. Blood Testing:** I consent to serology testing, including Hepatitis B, C and HIV, in the event that my blood and/or body fluids is suspected to have come in direct contact with any health care worker(s), to determine if my blood/fluids has contagious viruses. I understand that the information obtained from such tests will be disclosed only as necessary to adequately protect me, the health of my family, and the health of the health care worker(s) who are or may become involved in my care and treatment.



12. **Medical Photography:** LMH may take videos or photographs of me during the provision of medical services. I understand the videos or photographs may be incorporated into my medical record at the discretion of my physician. To the extent these photographs identify me, they will be maintained subject to the Notice of Privacy Practices.
13. **Photography for Non-Clinical Purposes:** Patient or visitor photography or videotaping is not permitted during any procedure or treatment unless specifically authorized by the provider.
14. **Assignment:** I hereby appoint and designate LMH as my duly authorized representative and assign any and all rights and plan benefits I have as a beneficiary under Title XVIII (Medicare) or Title XIX (Medicaid) of the Social Security Act, a plan of benefits under the Employee Retirement Income Security Act (ERISA) or other group health plan, a health insurance plan, worker's compensation coverage, or other third party insurance coverage applicable to the medical services I receive at LMH (collectively "Health Coverage"). This assignment includes, but is not limited to, a designation that LMH may act on my behalf as my representative for submission of claims for services, receipt of payment, and assertion of rights for appeal or judicial review. LMH may "stand in my shoes" as that phrase is understood under assignment law. LMH is authorized to receive direct payment for the medical benefits due to me under my Health Coverage. I certify that any information I provide to LMH regarding my Health Coverage is correct and I will provide LMH updated information regarding my Health Coverage in the event of a change. A copy of this assignment shall be as valid as the original.
15. **Financial Arrangement:** I am financially responsible to LMH for co-payments, deductibles, and other charges not covered by my Health Coverage. I understand and agree that LMH is not required to collect from Health Coverage with which LMH does not contract or resolve any disputed or denied claims. I will pay LMH all costs and charges incurred with my hospitalization. It is agreed that if full payment is not made by my Health Coverage, I assume responsibility for all remaining charges. Accounts not paid within 30 days of Health Coverage payment and final bill may be charged interest at a rate not to exceed the maximum permitted by law.
16. **Other Provider Billing:** The services provided to me at LMH may involve services by physicians and other healthcare providers ("Other Providers") who are not employed by LMH. These Other Providers will separately bill for the services they provide to me and I am responsible for coordinating any payment directly with the Other Provider.
17. **Auto-Dialer Patient Consent:** I understand and consent to LMH and other organizations working on behalf of LMH, to utilize auto-dialer technology as a means of contacting me via telephone or mobile telephone.

THE UNDERSIGNED CERTIFIES THAT HE/SHE READ THE FOREGOING, RECEIVED A COPY IF REQUESTED, AND IS THE PATIENT, THE PATIENT'S LEGAL REPRESENTATIVE, OR IS DULY AUTHORIZED BY THE PATIENT TO EXECUTE THE ABOVE AND ACCEPT ITS TERMS.

\_\_\_\_\_  
 Patient / Authorized Individuals Signature \_\_\_\_\_  
If signed by other than the patient, relationship to patient

\_\_\_\_\_  
 Witness \_\_\_\_\_  
Date / Time

Reason Patient is Unable to Sign: \_\_\_\_\_

**TELEPHONE CONSENT:** \_\_\_\_\_  
Person giving the consent \_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
 Date / Time \_\_\_\_\_ \_\_\_\_\_  
 Address Phone Number

\_\_\_\_\_  
 Witness \_\_\_\_\_  
Witness

Interpreter Information: \_\_\_\_\_

Patient Accounting is available to answer your questions from 8:30 A.M. to 4:30 P.M. Monday through Friday. Please call 785-505-5775 or stop by the customer service area in the main lobby if you have questions.