

# CONSENT FOR HOSPITAL / PHYSICIAN MEDICAL SERVICES



Consent General

- Presbyterian Hospital
- Presbyterian Kaseman Hospital
- Presbyterian Rust Medical Center
- Presbyterian Santa Fe Medical Center

- Española Hospital
- Lincoln County Medical Center
- Plains Regional Medical Center - Clovis
- PRESNow 24/7 Urgent & Emergency Care

- Socorro General Hospital
- Dan C. Trigg Memorial Hospital
- Presbyterian Medical Group

## PRESBYTERIAN HEALTHCARE SERVICES FACILITIES

### CONSENT & NOTICE

- **COVID-19 Crisis.** Due to infection control protocol and minimizing in-person office visits during the pandemic, some services may be provided via telehealth, curbside or other electronic means.
- **Consent for Services.** The undersigned gives consent to Presbyterian and all its contractors and employees to provide services as necessary including the administration of physician orders. The undersigned understands that some services or procedures may require an additional informed consent which will be obtained by the provider performing the procedure or service.
- **Policies.** Patients, their legal representatives and visitors must comply with Presbyterian policies while on Presbyterian property. Presbyterian is not responsible for the theft or loss of any patient or visitor's personal property unless such personal property has been itemized and checked into a hospital safe.
- **No Smoking Facility.** All Presbyterian facilities and properties are non-smoking facilities, including parking lots and courtyard areas. Tobacco, e-cigarettes, recreational drugs and non-prescribed medications are strictly prohibited in all forms.
- **Use & Disclosure of Personal Health Information.** Presbyterian may use or share a patient's health information to carry out treatment, payment or for healthcare operations without specific written consent. Except as required by law, or as otherwise described in our Notice of Privacy Practices, Presbyterian will not release a patient's health information without valid written authorization from their legal representative.
- **Photography & Recording.** Except under limited circumstances, photography and voice recording of any kind are not allowed. If patients or their representatives wish to film or record for special circumstances, they must request and obtain the approval of the provider first. Failure to obtain permission prior to recording or photographing may result in confiscation of the film, recording and/or device.

### ASSIGNMENT OF BENEFITS & FINANCIAL RESPONSIBILITY

- **Financial Responsibility.** Unless expressly prohibited by law, the undersigned jointly and severally agrees to pay for all hospital services, accommodations and physician services not otherwise paid in full by a third-party insurer/payor. The undersigned understands and agrees that fees and charges not paid in full by the patient or third-party insurer/payor may be placed with a collection agency for collection or be subject to legal action (including attorney's fees and interest) to recoup the unpaid fees. The undersigned consents to the use of any contact information the undersigned gives (including updated information) to be provided to any entity assigned to collect on the patient's account, and further consents to the use of technology, including auto dialing, and the use of pre-recorded messages on cellular or land line phones, in contacting the undersigned.
- **Assignment of Benefits.** The undersigned authorizes that payment of insurance or other benefits be made on the patient's behalf to Presbyterian or authorized healthcare providers rendering services to the patient (such as laboratory, radiology, etc.) and agrees to assist in the processing of claims for benefits.
- **Medicare Benefits.** The undersigned certifies that any information they give in applying for payment under Title XVIII of the Social Security Act is correct. The undersigned consents to the release of the patient's health information by any holder of such information to the Social Security Administration and Centers for Medicare and Medicaid Services or its intermediaries or carriers. The undersigned authorizes that the payment of benefits be made on the patient's behalf to Presbyterian or any physician providing services in connection with the patient's treatment.

**By signing, the undersigned acknowledges that they have read and understood the foregoing information and that their signature below constitutes consent, assignment and acceptance as noted above, as the patient or as the authorized representative of the patient. NOTE: Due to the COVID-19 crisis, an acknowledgment may be provided in lieu of a signature.**

Signature

Date

Time

Relationship to Patient

PATIENT IDENTIFICATION

