

Conditions of Treatment

Consent to Medical and Surgical Procedures

I consent to procedures that may be performed on an outpatient basis, including medical treatment or services, which may include but are not limited to laboratory procedures, X-ray examinations, medical or surgical treatment or procedures, or Eisenhower Medical Center (EMC) services given to the Patient under the general and special instructions of the Patient's physician. I understand that I will be asked to consent in writing for specific treatments and procedures as required by EMC policies after I have been given information about risks, benefits, and alternatives and have had any questions answered.

Eisenhower Medical Center may participate in programs to teach resident doctors, medical students, student nurses and other health care students. These persons may observe or participate in the Patient's care under the supervision of doctors, nurses and other professionals employed by or on the Medical Staff of the Hospital.

Consent to Photograph/Videotaping

I consent to the taking of photographs, digital or other images of my medical condition or treatment, and the use of the images, for purposes of my diagnosis or treatment or EMC's operations, including peer review and education or training programs conducted by EMC.

Prop 65

California's Safe Drinking Water and Toxic Enforcement Act commonly known as Proposition 65 which makes it unlawful for any person in the course of business to expose any individual in California to a chemical that is listed by the State as a carcinogen or reproductive toxicant without first providing a clear and reasonable warning, even if the exposure is only in trace amounts. The list of products that contain chemical(s) known by the State of California to cause birth defects or other reproductive harm can be found at <https://oehha.ca.gov/proposition-65>. It is possible that, given the nature of medical services including but not limited to the use of chemicals, pharmaceutical products and equipment that emits radiation, when providing medical services to patients, that one or more products may be used during your treatment or while at one of our facilities, you may be exposed to one of these products.

Assignment of Benefits and Payment Guarantee

I assign to Eisenhower Medical Center the right to bill and collect from any insurance I have and I agree to cooperate in seeking payment. I will pay any deductible or co-payment and any amounts denied or not covered by insurance. Estimates of deductibles and co-payments are subject to change. If uninsured or potentially in need of financial assistance, I agree to complete an EMC financial assistance application and submit required supporting documentation needed to determine eligibility for full or partial financial assistance. It is understood that it is my responsibility to obtain any authorization required by my insurer or health plan for EMC services or specific tests or treatments and to give that authorization to EMC. I understand that if my insurer does not authorize any services, and I decide to receive them, I will be responsible for payment of EMC's charges for those services. EMC maintains a list of Insurance Companies with which it contracts. A list of such plans is available upon request from the financial office. I understand that all physicians including the radiologist, pathologist and others will bill separately for their services.

Release of Information

EMC will obtain the Patient's consent and authorization to release medical information, other than basic information, concerning the Patient, except in those circumstances when EMC is permitted or required by law to release information. The undersigned has consented to the release of information to entities that provide care in post-acute settings. EMC is authorized, without further action by or on behalf of the Patient or any entity affiliated with Patients for all or part of EMC's or EMC-based physician's charges for the Patient's services (including, without limitation, EMC or medical service companies, insurance companies, workers' compensation carriers, welfare funds, Patient's employer, or medical utilization review organizations designated by the foregoing).____ (Initial) I understand that if Eisenhower Medical Center is not in my health plan's network or is not a preferred provider (point of service option) does not have a referral or authorization from my primary care provider or health plan has agreed not to submit a claim to my insurance plan at my request. I may have to pay more, or I may have to pay the full charge.



EISENHOWER HEALTH

39000 Bob Hope Drive, Rancho Mirage, CA 92270

CONDITIONS OF TREATMENT



We May Call or Send Text Messages to Your Phone Number(s) Provided and Send Email Communications to Your Email Addresses Provided

You acknowledge that you are the owner of the phone numbers (whether associated with a mobile, cell or land line) and email addresses that you provide to us. If you are not the owner, you represent that you are authorized by the respective owner(s) to authorize the use of those phone numbers and email addresses as described below, on the owner's behalf.

You authorize us and any third-party, such as our independent contractors, business associates, agents, and/or affiliates, who we may authorize, to: (1) call you at any of the numbers that you provide to us, using an automatic telephone dialing system and/or using a recorded message upon being answered, or another similar method such as an artificial or pre-recorded voice; (2) text messages to you at any of the numbers that you provide to us; and/or (3) send email communications to you at any of the email addresses that you provide to us; for any of the following purposes: confirming appointments, providing registration or clinical instructions, communicating about post-service follow up, telemarketing, billing, advertisements, advising you of special offers, events and services, communicating about your account, insurance and payments, and collecting debts that you owe to us.

You do not have to give us permission to call, text or email you. Giving us permission to call, text or email you is not required in order to receive services or purchase any property or goods. You have the right to opt out of these types of communications.

Physicians Are Independent Contractors

_____(Initial) I recognize that I am under the care of my physician, and that EMC carries out the instructions of my physician for my care and treatment. I understand that my physician is not an employee or agent of EMC and exercises his or her own independent judgment as a member of the Medical Staff granted privileges to use EMC for the care of Patients.

Notice to Consumer:

_____(Initial) Medical doctors are licensed and regulated by the Medical Board of California. Patients may obtain information or complain about a California medical doctor at: 800-633-2322 or www.mbc.ca.gov.

Hospital-Based Clinics

Medicare and certain other payors require Eisenhower to bill all department services in two parts: facility fee and provider fee. The services being provided at a hospital-based clinic may impose a higher deductible or co-payment.

_____(Patient Initial) Cancellation and Late Arrival Policy: I understand that I will be responsible for arriving for scheduled appointments on time and to provide 24-hour notice of cancellation of any appointments. If I am late for an appointment, the practice may reschedule me or work me in at a later time slot. If I fail to give proper notification of cancellation of visit a total of three (3) times within a twelve (12) month period this may result in dismissal from the practice.

Receipt of Additional EMC Specific Addendums

The undersigned acknowledges receipt of the following:

- ____ Patient Rights and Responsibilities
- ____ Notice of Privacy Practices (NPP)
- ____ Financial Assistance Pamphlet and Application Packages (If applicable)

Health Plan Contracts

This hospital maintains a list of health plans with which it contracts. A list of such plans is available upon request from the financial office. All physicians and surgeons, including the radiologist, pathologist, emergency physician, anesthesiologist, and others, will bill separately for their services. It is my responsibility to determine if the hospital or the physicians providing services to me contract with my health plan.



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Agreement

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.

_____/_____
Date Time Patient/Parent/Guardian/Responsible party If other than Patient, indicate relationship

Witness Witness - Required only when signer makes their mark

A COPY OF THIS DOCUMENT IS TO BE GIVEN TO THE PATIENT AND ANY OTHER PERSON WHO SIGNS THIS DOCUMENT.



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