



CONDITIONS OF ADMISSION / SERVICE

1. Statement of Non-discrimination

Conditions of admission to this facility are the same for everyone without regard to age, race, color, sex, religion, ancestry, national origin, handicap or organizational affiliation. Do you have any American Disability requirements (interpreters, vision, hearing, physical limitations)? No Yes – Indicate _____

2. General Duty Nursing

The Hospital provides general nursing care. Under this system nurses are called to the bedside of the patient by a signal system. If the patient is in such condition as to need continuous or special duty nursing care, it is agreed that such additional care must be arranged by the patient, the patient's legal representative, or the patient's physician. The Hospital shall in no way be responsible and is hereby released from any and all liability arising from the fact that the patient is not provided with such additional care.

3. Consent for Treatment

The patient is under the care of his or her attending physicians and the Hospital is not liable for following the instructions of these physicians. The undersigned consents to X-ray examination, laboratory procedures, anesthesia, medical or surgical treatment or Hospital services rendered the patient under the general and special instruction of the physicians. The undersigned realizes that among those who attend patients at the Hospital are medical, nursing and other health care personnel in training who, unless requested otherwise, may be present during or provide patient care as part of their education. No patient will be involved in any research or experimental procedure without prior full disclosure and consent.

4. Photograph Consent

The undersigned agrees that still or motion pictures and closed circuit monitoring of patient care may be used for educational or documentation purposes, unless a patient expressly requests otherwise.

5. Personal Valuables

It is understood and agreed that the Hospital maintains a safe for the safekeeping of money and valuables and the Hospital shall not be liable for the loss of damage to any money, jewelry, glasses, dentures, documents, furs, other articles of unusual value or personal property unless placed in the Hospital safe. The Hospital shall not in any event be liable in excess of Five Hundred Dollars (\$500.00) for any loss of or damage to any personal property.

6. Consent for Retirement of X-Ray film and Graphic Data

The undersigned authorizes the Hospital to retire x-ray film and any other graphic data which may be generated during this hospitalization four years after they are generated if a proper report is in the medical record.

7. Notification of Safe Environment Policy

The Hospital's obligation to provide a safe environment for patient care must override the individual's right to privacy. The patient agrees to permit the Hospital to search the patient's room and to confiscate any dangerous object upon reasonable and probable cause.

8. Notification of Drug Policy

Illegal drugs and drugs not prescribed by the physician are not permitted. The Hospital's obligation to provide a safe environment for patient care must override the individual's right to privacy. The patient agrees to permit the Hospital to search the patient's room and confiscate such drugs upon reasonable and probable cause.

9. Notification of Patient's Rights

Brochure given to patient (Initial): No Yes (if no: _____)
Reason not given

THE UNDERSIGNED HAS READ, UNDERSTANDS AND AGREES TO THE FOREGOING, HAS RECEIVED A COPY THEREOF, AND IS THE PATIENT, THE PATIENT'S LEGAL REPRESENTATIVE OR DULY AUTHORIZED BY THE PATIENT AS THE PATIENT'S GENERAL AGENT TO EXECUTE THE CONDITIONS OF ADMISSION AND FINANCIAL AGREEMENT AND ACCEPT ITS TERMS.

Date: _____ Time: _____

Patient or Patient's Representative: _____

If other than Patient, indicate relationship: _____

Reason Patient is unable to sign: _____