

Medical Record Number

Patient Name



CORE DATA • TERMS AND CONDITIONS OF SERVICE

Addressograph or Label - Patient Name, Medical Record Number

Please read this document carefully. Lucile Packard Children's Hospital requires the Terms and Conditions of Service to be signed in its entirety, without alteration.

- 1. AUTHORIZED SIGNATURE.** The patient may sign this form only if he/she is a competent adult over the age of 18 or is a minor who is permitted under state law to consent to treatment. If the patient is a minor who does not fall within the limited exceptions provided under state law or is not competent to sign this form, the form must be signed by the patient's properly designated representative or patient.
- 2. MEDICAL CONSENT.** I, the undersigned, consent to the general treatment and procedures that may be performed during this hospitalization or as an outpatient (including emergency services). These procedures may include but are not limited to laboratory procedures, x-ray examinations, medical or surgical treatment or procedures, anesthesia, or hospital services provided to the patient under the general and special instructions of the patient's physician or surgeon. I also authorize LPCH to use and/or dispose, at its discretion, any blood, bodily fluid, member, organ, or other tissue removed or obtained during an operation, procedure or treatment, for research that may be conducted by LPCH, Stanford Hospital and Clinics, Stanford University, or unaffiliated academic or commercial third parties if allowed under legal requirements and Stanford policies. I understand that it is the responsibility of the patient's physician to obtain the patient's informed consent when required for specific medical or surgical treatment and special diagnostic or therapeutic procedures. I understand and agree that at the request of the attending physician, allied health practitioners (such as physician assistants and nurse practitioners) may participate in the patient's care. LPCH maintains multiple patient care locations, some of which are not on the main campus of LPCH. I consent to the movement of the patient to such units, wherever situated, as are appropriate for the treatment of the patient in the judgment of my attending physician.
- 3. TEACHING INSTITUTION.** Lucile Salter Packard Children's Hospital ("LPCH") is a teaching facility, training physicians, surgeons, nurses and other health care personnel. At the request, and under the supervision, of the attending physician, I agree that residents, interns, medical students, post-graduate fellows, visiting faculty members and other health care personnel in training may participate in the care of the patient. Certain medical services may be provided by individuals who do not have a physician's certificate but are qualified to participate in a special program as a visiting faculty member.
- 4. PHOTOGRAPHY.** I consent to the taking of pictures, videotapes or other electronic reproductions of the patient's medical or surgical condition or treatment, and the use of the pictures, videotapes or electronic reproductions, for treatment or internal or external activities consistent with the Hospital's mission, such as education and research, conducted in accordance with Hospital policies.
- 5. JOINT INFORMATION.** The undersigned understands that patient information and records may be shared between Stanford Hospital and Clinics and LPCH to facilitate patient care.

EMERGENCY PATIENTS ONLY

Agreement to paragraphs 1, 2, 3 and 4: _____

(BEFORE SCREENING EXAM)

Patient or Responsible Person Signature

Date/Time

- 6. FINANCIAL AGREEMENT.** For the services to be rendered (e.g., hospital, physician), the undersigned agrees to accept full financial responsibility for the patient's account in accordance with the regular rates and terms of LPCH. This includes financial responsibility for all deductibles and co-payments that may be required by the patient's insurance or health plan, including Medicare and Medi-Cal. Should the patient's account(s) be referred to an attorney or a collection agency for collection, the undersigned agree to pay actual attorneys' fees and lawsuit-related expenses incurred in addition to other amounts due. When the services are to be billed to insurance, a health plan or another payment source, then paragraphs 7 (Contracted Health Plan Patients and Other Sources) and/or 8 (Assignment of Insurance Benefits) will also apply.
- 7. CONTRACTED HEALTH PLAN PATIENTS AND OTHER SOURCES.** The undersigned understands that the patient may be eligible for certain health care coverage through a health plan (HMO, PPO) on the list of health plans with which LPCH contracts, or through some other source (e.g., clinical trial sponsor, employer's workers' compensation insurance). The undersigned agrees to be responsible under paragraph 6 (Financial Agreement) for paying the patient's account: (a) if LPCH does not contract with the health plan; (b) for any co-payment and deductible; (c) for services not approved by the health plan or other source; or (d) for services not covered and/or paid for by the patient's health plan or other source to the extent allowed by law or contract.
- 8. ASSIGNMENT OF INSURANCE BENEFITS (INCLUDING MEDICARE BENEFITS).** The undersigned authorizes direct payment to LPCH of any insurance benefits otherwise payable to or on behalf of the patient for this hospitalization or for outpatient services at a rate not to exceed the actual institutional and professional charges. The undersigned understands and agrees that he/she is financially responsible under paragraph 6 (Financial Agreement) for charges not paid in accordance with this assignment. If applicable, the undersigned further attests that information given to LPCH to assist the patient in applying for payment under the Medicare or Medi-Cal programs is correct.

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9. DISCHARGE TIME. Discharge time for patient is 11:00 a.m. If, due to the fault of the patient or the undersigned, discharge occurs after 11:00 a.m., the patient's account may be charged for an additional day.

10. NURSING CARE (INPATIENTS). LPCH provides only general duty nursing care unless, upon orders of the patient's physician, the patient is provided more intensive nursing care. The undersigned understands that if the patient desires the services of a private or special duty nurse, the undersigned must arrange for this service. LPCH shall not be responsible for failure to provide a private or special duty nurse and will not assume any liability arising from the fact that the patient is not provided with such additional care.

11. LEGAL RELATIONSHIP BETWEEN LPCH AND PHYSICIAN. Except for those physicians under contract with LPCH, such as faculty physicians practicing in the clinics. All physicians and surgeons furnishing services to the patient are independent contractors with the patient are not employees or agents of LPCH. The undersigned understands that the patient is under the care and supervision of his or her attending physician and that it is the responsibility of LPCH and its non-physician health care staff to carry out the instructions of such physician or surgeon.

12. PERSONAL VALUABLES. LPCH maintains a fireproof safe for the safekeeping of money and valuables. LPCH shall not be liable for the loss or damage to any money, jewelry, documents, or other articles of unusual value and small size, unless they are placed in the safe, and shall not be liable for loss or damage to any other personal property, unless deposited with the hospital for safekeeping. The undersigned understands that the liability of LPCH for loss of any personal property that is deposited with the hospital for safekeeping is limited by statute to five hundred dollars (\$500.00) unless a written receipt for a greater amount has been obtained from the hospital by the patient.

The undersigned certifies that he/she has read both pages of the Terms and Conditions of Service, has received a copy of it, and is the patient or is duly authorized by or on behalf of the patient to execute and accept its terms.

Patient or Responsible Person Signature Date/Time Witness

Please indicate relationship of person signing this document:

Parent with Legal Custody Patient Authorized to Consent

Legal Guardian/Temporary Legal Guardian

Explain type of guardianship _____

Official documentation of guardianship (e.g., court papers) received

Person with Written Authorization (e.g., Caregiver's Authorization Affidavit, Third Party Authorization, Durable Power of Attorney)

Explain type of written authorization _____

Documentation of written authorization received

IF INTERPRETED:

Interpreter Signature Print Name Date/Time

Position/Relationship to Patient Language

**FINANCIAL RESPONSIBILITY AGREEMENT BY PERSON OTHER THAN THE PATIENT
OR THE PATIENT'S LEGAL REPRESENTATIVE**

I agree to accept full financial responsibility for services rendered to the patient and to accept the terms of the paragraphs on Financial Agreement (6), and, if applicable, Contracted Health Plan and Other Sources (7) and Assignment of Insurance Benefits (8) above.

Financially Responsible Party Relationship to Patient Date/Time Witness

PLEASE SEE THE NOTICE ON RELEASE OF INFORMATION ON THE BACK OF THIS PAGE

RELEASE OF INFORMATION

Lucile Salter Packard Children's Hospital may release basic information about the patient to members of the general public, but only upon receipt of an inquiry that specifically contains the patient's name, and if the patient has not requested that the information be withheld. This basic information includes the patient's general condition and location in the hospital unless the patient is being treated for certain conditions. **If you do not want such information to be released, you must make a written request that this information be withheld for each inpatient stay;** the appropriate forms can be obtained from the Admitting Service.

In compliance with the federal privacy regulations under the Health Insurance Portability and Accountability Act (HIPAA), Lucile Salter Packard Children's Hospital provides patients with its **Notice of Privacy Practices**, which describes how medical information about patients may be used and disclosed, and how patients can access this information. Copies of the Notice of Privacy Practices are available at any registration desk, in the Patient & Visitors section under Patient Services of our website www.lpch.org or by calling the Lucile Salter Packard Children's Hospital's Privacy Office at 650-724-4722.

CHILD SAFETY SEATS

Regardless of age or weight, *all children* are required to be in a child safety seat, booster seat, or seat belt when being transported in a motor vehicle.

Children **must be secured in a federally-approved car safety seat, unless they are one of the following:**

- 6 years of age or older;
- Weigh at least 60 pounds

If a child is too large for a safety seat, generally around 40 pounds, a booster seat can be used.

Child safety seats including booster seats are very effective in saving children's lives. Failure to use a child passenger restraint system may increase the risk of death or serious injury to a child in an accident.

In California, traffic crashes are the leading cause of death for children ages 4 to 16 years. More than 47 percent of fatally injured children, age 4 to 7, were completely unrestrained.

Failure to properly secure a child in a child safety seat or booster seat is illegal.

A listing of low cost purchase or loan programs is available if you desire. If you would like assistance in obtaining a car seat, have further questions or would like more information about your child passenger safety, you may ask your nurse, clinic assistant or contact the Lucile Salter Packard Children's Hospital Office of Patient Relations at 650 498-4847.

FINANCIAL ASSISTANCE AVAILABLE

Lucile Packard Children's Hospital has a variety of financial assistance options available to patients who are uninsured or underinsured. Lucile Packard Children's Hospital will assist patients in determining if they qualify for financial assistance or if there are programs available that may help pay for medical services. Additional information and/or a statement of charges for services provided by Lucile Packard Children's Hospital can be obtained by contacting the Customer Service Unit of Patient Financial Services at 800-549-3720.

Financial assistance applications are available at all Packard clinics and hospital registration areas. The application can also be found on our website at www.lpch.org in the Patients and Visitors section under Financial and Insurance Information or by calling the customer service number above. Applications are reviewed to determine what assistance may be available; applicants are notified of the outcome of this review within 10 business days after the completed and signed application is received.

Patients who qualify may receive assistance with bills for services provided by Lucile Packard Children's Hospital and by physicians employed by Stanford University. Services may include inpatient and outpatient care, emergency services, co-payments and deductibles, non-covered charges, denied days and stays, and other special circumstances. Patients who have no insurance or inadequate insurance and meet certain low- and moderate- income requirements may qualify for discounted payment or charity care.