

## Conditions of Admission

**BY SIGNING BELOW, I UNDERSTAND AND AGREE TO EACH OF THE FOLLOWING CONDITIONS OF ADMISSION TO BAYLOR SCOTT & WHITE SURGICAL HOSPITAL FORT WORTH REFERRED TO IN THIS FORM AS "HOSPITAL":**

- 1. Consent To Medical and Surgical Procedures:** I give my consent to all the medical procedures which may be performed upon me by the Hospital, on either an inpatient or outpatient basis, which are ordered or prescribed for me by my attending physicians. This may include but are not limited to; laboratory procedures, x-ray examination, diagnostic procedures, medical, nursing or surgical treatment or procedures, anesthesia, or hospital services rendered to me under the general and special instructions of my physician.
- 2. Consent To Draw Blood / Emergency Procedures:** I hereby consent to the withdrawal of a blood sample in the event an employee or contractor of the Hospital has a needle stick or mucous membrane exposure to my blood or body fluids. I further consent to medical treatment from a licensed physician in the event of a highly urgent or emergency event in which the patient, a family member, or other responsible party cannot reasonably be reached to authorize treatment.
- 3. Financial Agreement:** The undersigned agree(s), whether he/she signs as agent or patient, that in consideration of the services to be rendered to the patient, he/she hereby individually obligates himself/herself to pay the account of the Hospital for services rendered to the patient in accordance with the regular rates and terms of the Hospital. Should the account be referred to an attorney or collection agency for collection, the undersigned shall pay attorney's fees and collection expenses actually incurred.  
  
I further acknowledge that all Physicians furnishing services including but not limited to radiologists, pathologists, anesthesiologists, consultants and assistants to the Physician are independent contractors and not employees of the hospital. I understand that I may receive separate billing from each of these providers for services rendered. I understand that my physician(s) may have a financial interest in this facility.
- 4. Assignment of Insurance Benefits:** I hereby authorize payment directly to Baylor Scott & White Surgical Hospital Fort Worth and all attending physicians of the insurance benefits specified and otherwise payable to me but not to exceed the Hospital's regular charges for these services. I understand that I am financially responsible to the Hospital for charges not covered or disallowed by this assignment.
- 5. Release of Information:** I authorize the Hospital and any physician involved in my care to release medical information and supporting documentation of same as compiled in my medical records during this admission or outpatient visit to any organization which is or may be liable or responsible for payment of charges associated with my care and for all other purposes of benefit payment. If my injury is work-related, I authorize the Hospital to release any information from my medical records to my employer and/or its designee.
- 6. Personal Items and Valuables:** I understand that Baylor Scott & White Surgical Hospital Ft. Worth is not responsible for lost or stolen personal or valuable items.
- 7. Videotaping:** Baylor Scott & White Surgical Hospital Fort Worth from time to time may conduct videotaping of patients for treatment and/or educational purposes. By signing this document you are consenting to being videotaped at any time while in this facility without further notice. I hereby release Baylor Scott & White Surgical Hospital Fort Worth from any and all liability arising from this videotape.
- 8. Students/Residents:** You may have students or residents from area teaching institutions participating directly or indirectly in your care.
- 9. Nondiscrimination Policy:** Baylor Scott & White Surgical Hospital Fort Worth does not discriminate against any person on basis of race, religion, color, sex, national origin, age, marital status, mental or physical ability, sexual orientation or gender identity; in admission, treatment, or participation in its programs, services and activities, or in employment. For further information about this policy, contact: Jane Mathis (682)703-5600 Voice: 1-800-735-2989 TDD/TTY
- 10. Non-Smoking Policy:** In accordance with regulatory agency standards, Baylor Scott & White Surgical Hospital Ft. Worth is a non-smoking facility.
- 11. Strictest Confidentiality Patient:** Would you wish to register as a strictest confidentiality patient meaning that your presence will not be acknowledged nor will **you receive mail, flowers, visitors, or calls.** (Information would be disclosed only to attending physicians and/or insurance companies).

YES  NO

**12. Sensory or Physical Impairments:** I understand the Hospital has resources to meet special needs for patients with sensory or physical impairments. **Identified Need:** \_\_\_\_\_

<b>Patient Signature Acknowledgement</b>				
	Patient or Legal Guardian Signature	Relationship to patient	Date/Time	
	Witness Signature	Date/Time		