

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. Pharmacy:** I consent to have my medication records accessed from a pharmacy database for use by the physician providing me care to ensure accuracy in obtaining my medication history. This information will only be used to help the physician assess my medical condition and aid in ordering appropriate medications for the care provided while I am hospitalized.
- 7. Personal Items and Valuables:** I understand that Baylor Surgical Hospital at Ft. Worth is not responsible for lost or stolen personal or valuable items.
- 8. Videotaping:** I hereby DO DO NOT authorize the use of audio/video record or broadcast of my surgery and disclosure of individually identifiable health information relating to me as described below.
- 9. Students/Residents:** I DO DO NOT authorize physical observation of my surgery by medical personnel and appropriate manufacturer's representatives or other observers as determined by my physician.
- 10. 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: (682)703-5600 Voice: 1-800-735-2989 TDD/TTY**
- 11. Non-Smoking Policy:** In accordance with regulatory agency standards, Baylor Surgical Hospital at Ft. Worth is a non-smoking facility.
- 12. 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, your insurance companies, and to your designated support person.** YES NO
- 13. Sensory or Physical Impairments:** I understand the Hospital has resources to meet special needs for patients with sensory or physical impairments. **Identified Need:** _____

PATIENT SIGNATURE ACKNOWLEDGEMENT		
PATIENT OR LEGAL GUARDIAN SIGNATURE	RELATIONSHIP TO PATIENT	DATE/TIME
WITNESS SIGNATURE		DATE/TIME