

CONSENT TO ROUTINE PROCEDURES AND TREATMENTS & FINANCIAL RESPONSIBILITY STATEMENT

Section I

CONSENT TO ROUTINE PROCEDURES AND TREATMENTS

I consent to routine procedures and treatments at a Wellstar Health System "Wellstar" facility as an outpatient, inpatient, or emergency department patient, depending on my medical needs. Routine procedures and treatments can include testing (for example, x-rays and blood tests), routine care and procedures (for example, intravenous fluids, injections, or bladder or stomach tubes) and evaluation (for example, interviews and physical exams). However, this consent to routine procedures and treatments does not include consent for other invasive procedures (for example, surgery, amniocentesis, or diagnostic tests such as colonoscopy or those requiring the use of contrast material), consent for blood or blood products, general anesthesia, or my participation in research. These circumstances require a separate consent process. I understand it is the responsibility of my physician or surgeon to obtain any required separate consent(s).

I understand that I may receive treatment and healthcare services given by Wellstar employees (such as nurses and technicians) and by physicians and other independent medical professionals on the medical staff of Wellstar facilities (for example, Emergency Department physicians, radiologists, and surgeons) who are NOT Wellstar employees. I understand that the healthcare services provided by these independent medical professionals, using independent medical judgment, at a Wellstar facility in no way create any type of employment, partnership, or other relationship other than as an independent contractor. These independent contractors are responsible for their own actions and Wellstar shall not be liable for the acts or omissions of any such independent contractors.

While I am a patient at a Wellstar facility, I understand that I may be observed by or receive healthcare services from students enrolled in training programs. Students are supervised by instructors, Wellstar employees, or other independent medical professionals on the medical staff of the Wellstar facility, depending on the type of training program the students are enrolled in. I understand that I have the right to request that someone other than a student provide my care.

I understand that I retain no property rights to any tissue samples or bodily fluids removed from my body (specimens) as part of procedures or treatment given to me. I further understand that Wellstar has no obligation to preserve these specimens; that it will retain or dispose of specimens according to its usual practices.

I understand that I have the right to ask questions about a proposed procedure or treatment (including the identity of any person providing or observing treatment and his or her affiliation with Wellstar) at any time. I understand the practice of medicine is not an exact science and diagnosis and outcomes of treatment depend upon my medical condition and may involve risks or even death. I understand that no guarantees can be made as to the outcome of my care.

Section II

MATERNITY PATIENTS

If I deliver an infant(s) while I am a patient at a Wellstar facility, I agree that this same Consent to Routine Procedures and Treatments applies to the infant(s).

Section III

EMERGENCY OR LABORING PATIENTS

In accordance with federal law, I understand my right to receive an appropriate medical screening examination performed by a physician or other qualified medical professional to determine whether I am suffering from an emergency medical condition. If such a condition exists, stabilizing treatment will be provided within the capabilities of this Wellstar facility and its staff, even if I cannot pay for these services, do not have medical insurance coverage, or am not entitled to Medicare or Medicaid.

Blondine P Bryant

Patient's Signature

Relationship to Patient

Signature captured with Topaz by Bryant, Blondine P at 5/8/2020 01:15 PM

Signature captured with Topaz by Bryant, Blondine P at 5/8/2020 01:15 PM

Section IV

ASSIGNMENT OF BENEFITS/FINANCIAL RESPONSIBILITY

Name