METZ, DONETTA 05/20/47 #46908

* 6214971w9641 A-Consent

THE UNIVERSITY OF TOLEDO
MEDICAL CENTER

THE UNIVERSITY OF TOLEDO MEDICAL CENTER (UTMC)
Patient General Consent

UTMC is dedicated to caring for each person with respect and dignity and considers the patient to be a partner who wants to understand and make informed decisions about their health care. UTMC also believes the patient and their family (as desired) can participate if they know their rights and responsibilities.

Rights as a Patient. I understand that at all times I have the right to participate in the decisions about my care (or the patient's care for a legal representative), treatment and services provided. I understand that I (or the patient) have the additional rights listed on the attached sheet.

Treatment Consent. I authorize and consent to care rendered at UTMC by physicians, providers and staff which may include care provided in the emergency department, outpatient, inpatient or other UTMC health care settings where services are provided.

Consent to Download Medication History from Pharmacy/Insurance Database. I consent to allow my medication history to be obtained electronically. I authorize my physician's office to retrieve my medical history electronically for medical purposes. I also authorize my physician's office to retrieve my medication history and/or medical history electronically for scientific or educational purposes as long as my identity is not disclosed. I will advise UTMC if I wish to withdraw this consent.

I Consent to Photographs or Taking of other Images. I consent to the making of photographs or other images for medical purposes and also scientific or educational purposes as long as my identity is not disclosed. I will advise UTMC if I wish to withdraw this consent.

Agreement to Pay For All Services Received. I understand that I am responsible for charges or all charges not covered by my insurance and assign all rights to payment by my insurer, if any, or that authorized benefits be paid to The University of Toledo. I understand I have the right to speak with a financial counselor at any time.

Release of Medical Information. I authorize The University of Toledo and physicians to release medical information to any insurer, the Social Security Administration for purposes of payment under Title VIII of the Social Security Act, applicable private review organization, auditor or other organization as may be permitted by law. This medical information may include drug/alcohol, psychiatric or HIV information or records about the treatment that I receive.

Academic Medical Center. I understand that physicians and other practitioners, in addition to attending or lead practitioners/surgeons, may be involved in my treatment, including resident physicians and other trainees. They will perform only within the scope of their license and the scope of practice and expertise. Residents may participate under the oversight of the attending physician or surgeon and the names of these individuals will be identified in the record.

D M
Signature of Patient

Donetta A. Metz
Print Patient's Name

April 8, 2015
Date Signed

Signature of Authorized Representative for Minor or Patient Without Capacity:

AF001

02/10