Houston Methodist Leading Medicine

CONSENT FOR MEDICAL TREATMENT & FINANCIAL RESPONSIBILITY

Consent to Medical Care
I, [redacted] knowing that I have a condition requiring medical care, voluntarily consent to routine hospital inpatient, hospital outpatient, and/or physician clinic care including nursing care, diagnostic procedures, evaluation, testing and medical treatment as ordered or directed by my physicians.

Consent to Treatment in an Educational Institution
Houston Methodist is an educational institution where, among those who attend patients are medical, nursing, and other health care personnel in training. Trainees may be present during care, may provide some care under appropriate supervision (unless ordered otherwise by the responsible physician), and may discuss my case in educational settings, always in compliance with Houston Methodist's policies protecting patient confidentiality. In addition, still or motion pictures, audio recordings, closed circuit television monitoring, and other images may be taken in the course of my treatment and care at Houston Methodist and may be used for educational purposes and in compliance with Houston Methodist's policies protecting patient confidentiality.

Agreement to Pay
I agree to pay all charges resulting from services rendered by Houston Methodist as requested by me personally, by any guarantor or any attending physician(s) in accordance with the rates set out in the Hospital's Master Charge List and/or by Houston Methodist physician clinics, including any balance due for services not covered by any third party payor. If I am receiving care at a Houston Methodist physician office, I understand that all charges for services not covered by verified healthcare coverage are due and payable upon discharge or conclusion of a physician clinic visit in accordance with bills and invoices presented. If I am receiving inpatient care at a Houston Methodist Hospital, I agree that I am responsible for payment of all charges incurred after Houston Methodist or my third party payor informs me that inpatient care is no longer required should I decide to remain in the hospital. If my third party payor determines that I obtained unapproved services in an inappropriate setting, I will be responsible for payment of such charges. I am responsible for all charges incurred prior to informing Houston Methodist of my third party coverage. Provisional credit may be allowed for confirmed healthcare coverage benefits when assigned to Houston Methodist. All such credits are subject to collection by Houston Methodist unless coverage is subsequently denied in whole or in part. Except as otherwise provided by applicable State or Federal laws, I understand and agree that I am responsible for any costs incurred for legal or collection fees necessary to satisfy my financial obligation with Houston Methodist, including reasonable attorney's fees, court costs or other collection expense. I further authorize Houston Methodist to apply any overpayments on any accounts to any other accounts that I or my guarantor have with Houston Methodist.

In addition, I understand Houston Methodist may hire a third party to assist Houston Methodist in collecting payment from me. Both Houston Methodist and its third party contractor may contact me in writing or by calling me. Any calls will be made to the primary phone number Houston Methodist has on file for me. I understand that my primary number on file with Houston Methodist may be my cell phone number. In such case, I hereby expressly authorize Houston Methodist or any of its third party contractors to call my cell phone for billing and/or collection matters and that such calls may include automated calls.

I further agree that Houston Methodist and its third party vendors may call or text my cell phone with automated or recorded appointment reminders, preventive care services reminders, and post-discharge care communications. I may opt out of automated calls and text messages at any time. Consenting to automated calls and text messages regarding appointment reminders, preventive care services, and post-discharge care communications is not a requirement for receiving healthcare services from Houston Methodist.

Guarantor's Obligation
I, the undersigned Guarantor below, agree to guarantee payment and collection of all charges incurred by Patient. If Patient is unable to execute this document for any reason, I assume primary responsibility for payment of all charges incurred by Patient.

Valuables Reminder
I understand that valuables and personal items I keep in my possession while at Houston Methodist may be at risk for loss or damage. Houston Methodist does not assume responsibility for personal property, including, but not limited to, jewelry, dentures, hearing aids, glasses, clothing, money, credit/debit cards, and cell phones. I have been encouraged to leave valuables at home or, if admitted to the hospital, deposit them in the hospital safe.

Prescription Drugs
I understand that Houston Methodist may utilize electronic prescription software in the event that medications are prescribed in the course of my treatment. I consent to use of this software to generate a history of medications previously prescribed to me which were billed to a third party payor.

Health Information Exchange (HIE)
We may make your health information available electronically through an information exchange network to other providers involved in your care who request your electronic health information. The purpose of this information exchange is to support the delivery of safer, better coordinated patient care. Participation in the information exchange is voluntary. If you do not want your Houston Methodist health information to be accessible to authorized health care providers through the HIE, you may submit a signed non-participation (opt-out) form, available from your registration representative or www.houstonmethodist.org. If you decide not to participate, health care providers will not be able to access your health information through the HIE.

Important Information about Your Medical Records
Under State law, Houston Methodist may authorize the disposal of any medical record on or after the 10th anniversary of the date on which the patient was last treated by Houston Methodist. If the patient was younger than 18 years of age when last treated, Houston Methodist may authorize disposal of any medical records on the latter of the patient's 20th birthday or the 10th anniversary of the date the patient was last treated by Houston Methodist.

For this reason, Houston Methodist encourages patients to obtain copies of medical records if the patient wishes to retain them permanently. Medical records may be obtained through the Health Information Management department.

Assignment of Benefits
In consideration of the services rendered, the undersigned irrevocably assigns and transfers to Houston Methodist for himself/herself and dependents, all rights, title and interest in the claims or causes of action requiring benefits payable or reimbursements for the services rendered by Houston Methodist provided in any insurance policy(ies) or benefit plan. This irrevocable assignment and transfer shall be for the purpose of granting Houston Methodist independent right of recovery on the aforementioned claims, policy(ies) of insurance or benefit plan against any third party but shall not be construed to be an obligation of Houston Methodist to pursue any such claim or right of recovery. The undersigned hereby assigns to Houston Methodist all right, title, and interest in all claims or irrevocable benefits payable or reimbursements out of any third party action against any other person, entity, or insurance company, or out of recovery under the uninsured/underinsured motorist provisions of the medical payment provisions of any automobile insurance policy(ies) under which the patient may be entitled to recover. The undersigned further authorizes and appoints Houston Methodist as an authorized representative to pursue any claim to which he/she may be entitled to pursue or otherwise assert to obtain benefits or reimbursements from any responsible party, but in no event shall this be construed to be an affirmative obligation of Houston Methodist to pursue any such claim(s). The undersigned understands that if Houston Methodist is not paid in full by proceeds of any insurance policies, benefit plans or other sources of funds, then this assignment does not release his/her obligation and liability to Houston Methodist for payment of services and items provided by Houston Methodist.

Independent Status of Physicians
I recognize that any or all physicians, residents, or medical students (under the supervision of physicians and/or residents), who furnish services to me during this admission may be INDEPENDENT CONTRACTORS and, as such, are NOT AGENTS OR EMPLOYEES OF THE HOSPITAL. I understand and agree that each of the above-referenced practitioners, including emergency room physicians, radiologists, pathologists, anesthesiologists, etc., who render professional services to me (or Patient), bill and collect independently for their services. I understand that their bills will be separate and apart from the hospital's billing and collections, or the hospital may bill on the physician's behalf, but subject to authorizations granted by

me in accordance with this agreement.

Disclosure of Non-Covered Charges for Healthcare Coverage
I understand that certain hospital services and charges I may choose to have are not eligible charges under healthcare coverage. Some examples of these are private or deluxe accommodations, guest meal trays, personal hygiene items, and apparel such as robes and socks. I further understand that I will be personally held responsible for payment of such non-covered charges should I choose these services.

Daily Journal/Care Plan
During my hospital stay, I may receive a document entitled: "Daily Journal/Care Plan," and I understand that it contains my personal health information. I understand that this document will be under my control, and I will be provided a folder to help keep the information private from visitors. I will be encouraged to ask questions about any information present in the document.

I understand that this consent form will be valid and remain in effect as long as I receive my medical care at Houston Methodist. I understand that this consent may be revoked in writing at any time.

[redacted] April 25, 2018
Date

[redacted] at 4/25/2018 4:05:41 PM
*Signature

*If the patient is not competent to consent to medical treatment, thus precluding signing, please indicate the reason below:

(under 18, not pregnant or married)	Mentally Incompetent
Unconscious	Other Physical Condition
Patient Unable to Sign	

April 25, 2018
Date

Qualified Personal Representative

Encounter: [redacted]
Patient Name: [redacted]
DOB: [redacted]
Sex: [redacted]
Admit Date: [redacted]
Marital Stat: [redacted]
Att Physician: [redacted], MD
Patient Class: [redacted]