



Patient Label

### CONSENT AND ACKNOWLEDGMENT

Thank you for choosing Saint Francis Care\* and its affiliates for your health care. We will do our best not only to meet, but to exceed your expectations during your stay or visit. Please read this form in its entirety, and then sign where indicated below.

**Consent to Treatment:** I hereby consent to being admitted/treated as a patient of Saint Francis Care for the purpose of receiving medical care and treatment and/or diagnostic procedures. These procedures are provided under the direction of my attending physician and other physicians involved in my care. I understand that Saint Francis Care includes a teaching hospital and that medical residents, medical students, nursing students and allied health trainees may be involved in my care under appropriate supervision. In addition, I understand that many physicians and other clinicians, including radiologists and anesthesiologists are not employees of the hospital and these physicians and clinicians assume full responsibility and liability for the services they provide to me. I also understand that these clinicians may wear badges and hospital attire to conform to required hospital policies and practices for the safety of patients, but this is not intended to identify these individuals as employees or agents of the hospital.

**Assignment of Benefits:** I agree to pay all charges incurred by me between admission and discharge including all charges incurred for ambulatory care or outpatient services rendered to me. I agree to pay the co-payment at the time that service is rendered, if required. I understand that I may be charged if I miss an appointment or cancel with less than 24-hours notice. I assign any insurance benefits to which I may be entitled to Saint Francis Care and/or its affiliates toward payment of my hospital charges unless I pay my account in full, if required, upon hospital discharge or at the time any ambulatory care or outpatient services are rendered. I understand that if my medical condition does not require Inpatient hospital care, my physician may place me in **Observation Status for further evaluation. Observation Status is billed as an Outpatient, even if I am placed in a regular hospital bed.** I understand that I may be responsible for charges on my bill if they are not covered by my insurance carrier, Part B Medicare or if I do not have Part B Medicare coverage. I also agree to pay all charges for services rendered by Woodland Anesthesiology Associates, P.C. and Radiology Associates of Hartford, P.C. and hereby assign available insurance benefits directly to these entities toward the payment of their charges. **I understand that if I am a self-pay patient, I may contact a patient representative at 860.714.4952 for a copy of all hospital charges related to my stay.** If I am eligible for Medicare, Medicaid or Tricare benefits, I request the hospital process charges according to their requirements. **I understand that I am responsible for any charges not covered by this agreement.**

**Communications Via Cellular Phone and/or Email:** If I have provided a cellular telephone number and/or email address as a primary contact method, I hereby authorize Saint Francis Care, along with their respective employees, agents, and business associates, to contact me via cellular phone, text message or email for any reason, including, without limitation, feedback surveys, automated notifications, appointment reminders, health wellness and prevention opportunities.

**Personal Valuables:** I have been advised that I should not retain in my possession any personal valuables if I am admitted to the hospital. I have been informed that the hospital maintains a safe for the safekeeping of money and other valuables. **I understand that if I choose to retain any money, jewelry, glasses, contact lenses, dentures, hearing aids, or other articles of value unless placed in the safe, Saint Francis Care and its affiliates will not be liable for their loss or damage.**

**Protected Health Information:** I consent to the use or disclosure of my protected health information by Saint Francis Care to any person or organization for the purpose of carrying out treatment, obtaining payment or conducting certain healthcare operations. Protected health information will be recorded in the medical record including the electronic medical record. Protected health information used or disclosed by Saint Francis Care may include HIV/AIDS related information, psychiatric and other mental health information, and drug and alcohol treatment information, as long as such information is used or disclosed in accordance with Connecticut and Federal law, which may require that I provide specific authorization. I understand that information regarding how Saint Francis Care will use and disclose my information can be found in the Notice of Privacy Practices. I understand that this consent is effective for as long as Saint Francis Care maintains my protected health information.

**By signing below I understand and acknowledge the following:**

- I have read and understand this consent and acknowledgment;
- I am authorized to execute this form and I agree to its terms;
- I have received a copy of the Saint Francis Care Notice of Privacy Practices;
- If I am an Inpatient and covered by Medicare, I have received a copy of An Important Message from Medicare.

_____	_____	_____	_____
Patient or Authorized Representative	Relationship	Date	Time

Unable to obtain written consent and acknowledgment because:  Individual refused  Individual unable to sign

\* Saint Francis Care includes Saint Francis Hospital and Medical Center, Mount Sinai Rehabilitation Hospital, Inc., including their affiliates Collaborative Laboratory Services, LLC., Saint Francis Medical Group, Inc., Saint Francis Care Medical Group, P.C., Saint Francis Emergency Medical Group, Asylum Hill Family Medicine Center, Inc., and Saint Francis Behavioral Health Group.



114 Woodland Street  
Hartford, Connecticut  
06105-1299

Dear Patient:

To be sure that you receive the best possible health care at the lowest cost and in the most appropriate setting, we work closely with your doctor in evaluating care rendered by Saint Francis *Care*\*. Information from your medical record is reviewed regularly by the Utilization/Clinical Resource Management Committee. This Committee acts on behalf of Saint Francis *Care* to ensure appropriate medical utilization standards are achieved, and to meet the requirements of all health care payors like Medicare, Medicaid, CHAMPUS and other private insurances and utilization systems.

Saint Francis *Care*, our federal and state governments, and the private insurers need to be certain that the care provided to you is medically necessary, appropriate and rendered in the most appropriate setting.

When you are admitted to Saint Francis, your doctor will discuss with you your discharge plans. The Case Management Staff, RN Case Managers and Social Workers are available to assist you in making arrangements for home health care, community services and care in other health facilities. If the Saint Francis Utilization/Clinical Resource Management Committee, following consultation with your doctor, believes that you do not need to remain in the hospital, you and your doctor will be informed in writing of this decision.

Statistical information about your care is collected and studied by your insurer. If you want to look at any of this information, contact the review organization affiliated with your insurer.

As one of the nation's top 100 Hospitals, we are constantly expanding our delivery of services to bring Saint Francis *Care* to you in a growing number of locations within the communities we serve. Our goal is to provide top quality care in a manner that is cost effective and convenient to you and your family.

President and Chief Executive Officer

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