NATIONWIDE CHILDREN'S
When your child needs a hospital, everything matters.℠

PATIENT IDENTIFICATION

GENERAL CONSENT

Consent for Medical Treatment:

I and/or my parent(s) or guardian(s)* consent to let the doctors, nurses, and employees of Nationwide Children's Hospital, attending doctors and other doctors, (or assistants/designees) or persons, do all things that may be needed to diagnose, treat and care for the needs of above-referenced patient.

(* Throughout this document the use of the term "I" will refer to "I and/or my parents or guardians." The use of the term "me" "myself" or "my" shall refer to the patient. The use of "the Hospital" will refer to Nationwide Children's Hospital, its attending doctors, other doctors, or agents of the hospital.)

The Hospital may keep, preserve and use, or properly dispose of any tissue, samples, parts or organs that are taken during operation(s) or procedures(s). These specimens may be used for diagnostic or teaching programs.

I understand this is a teaching hospital and that I am included in its teaching and training programs. I also understand that I may be contacted for participation and/or follow-up regarding such programs as applicable.

I authorize Hospital to take photos, video, or audio recording of me for diagnostic, teaching, identification, care conferencing, academic publication, and quality improvement purposes.

I understand that the Hospital is not responsible if any of my clothes or belongings are lost. I am aware that the practice of medicine is not an exact science and acknowledge that no guarantees have been made to me about the result of my examination or treatment at the Hospital.

Patient Rights and Responsibilities (see the other side of page):

I understand I have the right to take part in decisions about my health care and plan for treatment. I have the responsibility to wear my patient identification at all times while at the Hospital. In addition, my parents/family/guardian/visitors have the responsibility to wear their Hospital identification at all times. I have received a copy of the Patient Rights and Responsibilities, and my questions have been answered.

Consent to Release Medical Information:

I consent to let the Hospital share/release/exchange information such as clinical, physical, mental, drug alcohol, HIV or AIDS (including information that state and federal law and accreditation agencies require) to/with my doctors, my referring doctors, or referring/referral health care provider; and/or to any insurance company or organization that helps pay my bill. The Hospital may also give information to any welfare organization, to which I have applied or may apply for aid.

Assignment of Insurance Benefits:

I assign to Hospital, my physician, and other healthcare professionals involved in my care, all my rights and claims for reimbursement under any private health insurance policy, Medicare, Medicaid, or any other programs that I identify for which benefits may be available to pay the Hospital for medical services provided to me. I agree to cooperate and provide information as needed to establish my eligibility for such benefits.

Financial Responsibility:

I (or my guarantor, if appropriate) will pay all bills for my care including bills that insurance benefits do not pay. This includes bills from the hospital, physicians or any other entities that provided services during my care. I certify that the information I have given the Hospital regarding my family size and income is accurate to the best of my knowledge.

Nationwide Children's Price Disclosure:

I have a right to see a list of prices for common medical and surgical procedures. I can ask the Patient Accounts Department about this price list, or about my bill.

Removal from Nationwide Children's Hospital:

If I decide to stop my medical care against the advice of doctors, I understand that the Hospital and doctor(s) are not responsible for any bad result after I leave.

Acknowledgment of Receipt of Notice of Privacy Practices:

I hereby acknowledge that I was offered a copy of the Notice of Privacy Practices which sets forth the ways in which my protected health information may be used or disclosed by the Hospital and outlines my rights with respect to such information.

Consent for Automated Calls and Texts:

I expressly authorize Nationwide Children's Hospital, its affiliated entities, and third party service providers to call or text me and/or my child at any wireless phone number associated with my account(s), including any phone number that may result in charges to me, whether provided in the past, present, or future. I agree that methods of contact may include use of pre-recorded or artificial voices or an automatic dialing system. I understand that my refusal to provide the consent described in this paragraph will not affect, directly or indirectly, my right to receive healthcare services from Nationwide Children's.

BY SIGNING, I CONFIRM THAT I HAVE LEGAL ABILITY TO CONSENT FOR THE TREATMENT.

Signed _____ _____ _____ Signed _____ _____ _____
PATIENT, IF 18 YEARS OR OLDER DATE TIME PARENT/GUARDIAN, IF PATIENT IS LESS THAN 18 YEARS DATE TIME

Signed _____ _____ _____ _____
WITNESS DATE TIME PRINT NAME OF PARENT/GUARDIAN

_____ (_____) _____
STREET ADDRESS CITY STATE ZIP CODE AREA CODE PHONE NUMBER

FOR OFFICE USE ONLY - PARENTS, PLEASE DO NOT WRITE IN THIS SPACE. COMPLETE IF PATIENT IS 18 YEARS AND OLDER.

		Medical?		Mental Health?				
Advance Directives:	**Does an Advanced Directive Exist?**	**Yes_____**	**No_____**	**Yes_____**	**No_____**	**Initials_____**	**Date_____**	**Time_____**
	If yes, has actual Advance Directive document been placed in the medical record?			**Yes_____**	**No_____**	**Initials_____**	**Date_____**	**Time_____**
	If no, was AD booklet provided?			**Yes_____**	**No_____**	**Initials_____**	**Date_____**	**Time_____**

RECEIVING (DISCHARGE)

This is to certify that I am RECEIVING _____ on _____ _____ from Nationwide Children's.
Date Time

Designee: _____ Relationship: _____ Signed: _____

Consent given By: _____ Via: _____ Witness(1): _____ Witness(2): _____
Date/Time Date/Time