

Please read both sides before signing.

1. Consent to Medical and Surgical Procedures

I, the undersigned, consent to the procedures which may be performed during this hospitalization or on an outpatient basis, including emergency treatment or services, and which may include but are not limited to laboratory procedures, x-ray examination, diagnostic procedures, medical, nursing or surgical treatment or procedures, anesthesia, or hospital services rendered to me under the general and special instructions of my physician.

This consent includes testing for blood-borne infectious diseases, including but not limited to hepatitis, Acquired Immune Deficiency Syndrome (AIDS), and Human Immunodeficiency Virus (HIV), if a physician orders such test(s) for diagnostic purposes.

Please Initial: Agree _____ Disagree _____

2. Organ Donation

I understand that I have the right to donate any of my organs or tissues for transplantation and that I may do so by completing an anatomical gift form.

Please initial if applicable: I have signed an organ donor card and have been requested to supply a copy to the Hospital.

3. Patient Self-Determination Act

I acknowledge that I have been given information regarding this state's law on living wills and advance directives. Advance directives are documents such as living wills, durable powers of attorney, or health care surrogate appointments.

Please Initial the Following Applicable Statements:

- I have executed an Advance Directive and have been requested to supply a copy to the Hospital. _____
- I have reviewed the Advance Directive on file at the Hospital and it is my current Advance Directive. _____
- I have not executed an Advance Directive. _____
- I have received information about Advance Directives as required by federal law. _____
- Do you wish to execute an Advance Directive at this time?
 Yes No _____

4. Personal Valuables

I understand that the Hospital maintains a safe for the safekeeping of money and valuables, and the Hospital shall not be liable for the loss or damage to any money, jewelry, documents, furs, fur coats and fur garments or other articles of unusual value and small size, unless placed therein, and shall

not be liable for loss or damage to any other personal property, unless deposited with the Hospital for safekeeping.

5. Weapons/Explosives/Drugs

I understand and agree that if the Hospital at any time believes there may be a weapon, explosive devices, illegal substance or drug, or any alcoholic beverage in my room or with my belongings, the Hospital may search my room and my belongings, confiscate any of the above items that are found, and dispose of them as appropriate, including delivery of any item to law enforcement authorities.

6. Private Room

I understand and agree that if I request a private room for myself or the patient, I am responsible for any additional charges associated with that request.

7. Financial Agreement

In consideration of the services to be rendered to the patient, the undersigned (as parent, guardian, spouse, guarantor, agent or as the patient) individually promises to pay the patients account at the rates stated in the Hospital's price list (known as the "Charge Master") effective on the date the charge is processed for the service provided, which rates are hereby expressly incorporated by reference as the price term of this Agreement to pay the patients account. Some special items will be priced separately if there is no price listed on the Charge Master, or if the charge is listed as zero. In the event that the Hospital has to engage an attorney or collection agency to collect any unpaid balances that arise from the treatment consented to herein, the undersigned agrees to pay the reasonable attorney's fees and collection expenses incurred by the Hospital. An estimate of the anticipated charges for services to be provided to the patient is available upon request from the Hospital. Estimates may vary significantly from the final charges based on a variety of factors, including but not limited to the course of treatment, intensity of care, physician practices, and the necessity of providing additional goods and services.

8. Notice of Privacy Practices

I acknowledge that I have been given the Hospital's Notice of Privacy Practices. I understand that if I have questions or complaints I may contact the Facility Privacy Official.

Please Initial: _____

All sections, front and back, are incorporated by reference herein.

I hereby certify and state that I have read, and that I fully and completely understand this Conditions of Admission and Authorization for Medical Treatment, and that I have signed this Conditions of Admission and Authorization for Medical Treatment knowingly, freely, and voluntarily. Moreover, I certify and state that I have received no promises, assurances, or guarantees from anyone as to the results that may be obtained by any medical treatment or services.

Patient is medically unable to sign the Conditions of Admission

Date _____

Time a.m. p.m.

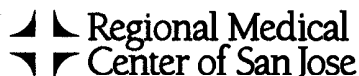
Patient/Parent/Guardian/Conservator/Domestic Partner
X

If other than patient, indicate relationship

Spouse (if married/available)
X

Witness (to Signature only)
X

PATIENT IDENTIFICATION



Conditions of Admission and Authorization for Medical Treatment