

## CONDITIONS OF ADMISSION

### Consent for Medical Diagnostic Studies, Evaluation and/or Treatment:

I voluntarily consent to the procedures which may be performed during this visit to Tulsa Endoscopy Center (TEC), including but not limited to diagnostic, medical and/or surgical treatment under the general and special instructions of my physician. I understand that the practice of medicine and surgery is not an exact science and that no guarantees have been made about the result of treatments or examinations in TEC. I understand that for Continuous Quality Improvement purposes, some non-personal data relating to my care may be placed into TEC's computer system and may be shared with a national database.

### Consent for Testing for Purposes of Accidental Exposure:

I understand state law allows that in the event a health care worker is exposed to my blood or body fluids during my admission, my blood shall be tested at no cost to me, using a special coded system to ensure confidentiality, for the HIV antibody and other communicable diseases. If such exposure occurs, I will receive additional information about such tests. The results of these tests will not prejudice my patient relationship with the Tulsa Endoscopy Center.

### Release of Responsibility for Valuables:

I understand and agree that TEC shall not be liable, and there is no reimbursement available for the loss of or damage to any of my personal property, such as money, jewelry, documents, glasses, dentures or hearing aids. I have been advised to give all valuables and unnecessary articles of clothing to the person accompanying me for safekeeping while I am at TEC.

### Policy Regarding Payment:

I understand that the physicians providing my treatment at TEC are not employees or agents of the Tulsa Endoscopy Center. Therefore, in addition to Tulsa Endoscopy Center charges, I will receive separate bills for the following physician services: Attending Physician/Surgeon and/or Consulting Physician(s), Pathologist(s), and or other Healthcare Providers. I, the undersigned patient (or responsible party if different from patient) hereby assign and transfer to the Tulsa Endoscopy Center and the physicians involved in my care, any and all right, title and interest in any insurance payments for services provided. It is understood that insurance requirements, such as pre-certification, pre-authorization, or second opinions shall remain my sole responsibility and/or that of my family or legal representative. Regardless of any and all assignments, I agree that I am financially responsible for any charges not covered by insurance benefits, including but not limited to deductibles and coinsurance which are due upon admission. I understand that if Medicare or other insurance companies deny payment, I will be responsible for payment.

### Release of Information:

Tulsa Endoscopy Center is hereby authorized to furnish medical information, as necessary, for the payment of my charges by my insurance carrier, Medicare, Medicaid, or any other payer or agency, from the medical records compiled during my admission. I also authorize release of copies of my medical records to health care practitioners and organizations who are involved in my continued care after discharge. Tulsa Endoscopy Center recognizes that information regarding my health care is confidential. Unless I request otherwise, Tulsa Endoscopy Center will only release my health care information as specified by law. I authorize the staff and physicians of Tulsa Endoscopy Center to discuss my health care information and discharge instructions to the following person(s): \_\_\_\_\_ I understand that this is not an exclusive list and that if I **DO NOT** wish my health care information to be disclosed to anyone specifically, then I must document the name of that individual(s) here: \_\_\_\_\_ I understand that I have the right to obtain copies of my health care information for a fee and after completing the necessary HIPAA Release of Information form.

### Patient Rights and Advance Directives

I acknowledge the receipt of information explaining my rights as a patient as well as information concerning my right to prepare an advance directive. I have received a copy of the State Notice and TEC's Policy Statement regarding the Patient Right to Self Determination.

### Certification:

**I have been instructed and I agree not to operate a motor vehicle, enter into any legal contracts, drink any alcoholic beverage or take any drugs (unless prescribed by a physician) until the morning following my procedure because I have been given narcotics and sedatives. \_\_\_\_\_ will drive me home from TEC following my procedure and will not allow me to drive because of the narcotics and sedatives I have been given.**

I have read this form, or it has been read to me, and I understand and agree to the above terms and conditions. I certify that the information given to the Tulsa Endoscopy Center for this admission is correct, to the best of my knowledge.

\_\_\_\_\_  
Patient/Authorized Representative Signature

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Responsible Adult Driver (Print & Signature)

\_\_\_\_\_  
Date/Time

Patient Label

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date/Time