

**GENERAL CONSENT FOR HOSPITAL TREATMENT  
ASSIGNMENT OF BENEFITS AND  
NOTICE OF INFORMATION REGARDING HOSPITAL CARE**

**GENERAL CONSENT**

I consent to treatment at St. Joseph Hospital (SJH) as an outpatient or an inpatient, depending on my medical needs. Treatment can include testing (for example, x-rays and blood tests), routine care and procedures (for example, intravenous fluids or injections), and evaluation (for example, interviews and physical exams). However, this general consent does not include consent for invasive procedures (for example, surgery) or consent for my participation in research. Both of these circumstances require a separate consent process.

I understand that I may receive treatment given by hospital employees (such as nurses and technicians) and by physicians and other professionals on the SJH Medical Staff (radiologists, emergency room staff, my attending physician and consultants) who are generally not hospital employees.

While I'm a patient at SJH, I understand that I may be observed by or receive health care services from, students enrolled in training programs. Students are supervised by instructors and/or by hospital employees depending on the type of training program they are enrolled in. Some students may be supervised by physicians who are members of the SJH Medical Staff. I understand that I have the right to request that someone other than a student provide my care.

I understand that I retain no property rights to any tissue samples or bodily fluids removed from my body (specimens) as part of treatment. I further understand that St. Joseph Hospital has no obligation to preserve these specimens; that it will retain or dispose of specimens according to its usual procedures.

I understand that I have the right to ask any questions about a proposed treatment (including the identity of any person providing or observing treatment) at any time. Because medicine is not an exact science and the outcomes of treatment are dependent upon my medical condition, I understand that no guarantees can be made as to the outcome of my care.

**ASSIGNMENT OF BENEFITS**

I agree to assign any right I may have to receive payment from a health insurance plan or other payor(s) for services rendered by SJH and the physicians caring for me during my treatment. I understand that I am financially responsible for all balances that are not covered by my health insurance plan or payor, as appropriate, based on the terms of contracts or the law. For example, the payment of non-covered services, deductibles and co-payments are considered to be the patient's responsibility. I also understand that I am financially responsible for collection costs should my account become delinquent.

**FINANCIAL ASSISTANCE STATEMENT**

SJH is a member of the NH Health Access Network and it has Free Care available for qualifying patients. If payment of your hospital bill creates a financial hardship, you may qualify for assistance with all or part of your expenses associated with your visit. You are encouraged to ask the registration staff or other staff for information regarding Free Care.

**NOTICE REGARDING RELEASE OF HEALTH INFORMATION**

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and as further explained in SJH's Notice of Privacy Practices, SJH may use and disclose medical information to physicians or other providers for the purposes of providing treatment, and to payors for the purposes of payment for medical treatment. HIPAA also permits SJH and its affiliated companies to use medical information for healthcare operations.

**PERSONAL VALUABLES**

I understand that SJH is not responsible for lost personal belongings and valuables and that family members or friends should be asked to take home money, jewelry and clothing or I should request that these items be placed in the hospital's safe. I also understand that I should inform the staff if I have dentures, eyeglasses, contact lenses, prosthetics or other items that I need to retain close by for personal functioning to assure safekeeping.

**INPATIENT INFORMATION**

I have received a copy of the Patient Information Packet that includes the Patient Bill of Rights and information regarding Advance Care Planning. If I am a Medicare beneficiary, I have also received a notice entitled "Important Message from Medicare."

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**FYI**

***\*\*A COPY of this form will be presented to you at the hospital for your signature upon arrival after any and all questions have been answered.***