



PATIENT CONDITIONS OF ADMISSION AND TREATMENT – OUTPATIENT

- 1. CONSENT FOR TREATMENT.** You consent to health care, including imaging, laboratory procedures, anesthesia, medical, surgical, diagnostic, and/or psychological treatment, by University of Utah Health, its physicians, nurses, and staff, as directed by your treating practitioner, or consultants selected by that practitioner. Among those who attend to patients are medical, nursing, and other health care students in training. U of U Health may contact you about opportunities to participate in research. You understand that the practice of medicine is not an exact science and that diagnosis and treatment may involve risk of injury. You acknowledge that no one has made any guarantee to you about the result of treatment or examination by U of U Health. You agree that photography or video of patient care may be used for quality assurance or educational purposes.
- 2. FINANCIAL AGREEMENT.** You are responsible for payment in full for your U of U Health bill, with payment due upon your receipt of the bill. As permitted by Utah law, U of U Health may pursue both parents of minor children for payment of a minor child's medical bills. You agree to pay to U of U Health your portion of charges regardless of any nonpayment from the other parent. If payment is submitted to U of U Health with a restriction, such as a check written as "payment in full," for less than the full amount owing, you must mail such payment to 127 South 500 East, Salt Lake City, Utah 84102; otherwise such restriction on payment will be void. Utah law will govern any dispute related to the collection of debt and you agree that any dispute or lawsuit related to your treatment or payment will be heard in Salt Lake City, Utah. Under Utah Code Section 12-1-11, you are responsible for interest and collection fees on any delinquent accounts, including court costs and attorney fees; however, if you are eligible for a full reduction of your account balance(s) pursuant to U of U Health's Financial Assistance Policy, you will not be asked to pay attorney fees, collection fees, or court costs. You authorize U of U Health and its collection agents to call you or text you at any number you provide or at any number which U of U Health reasonably believes is valid, including your mobile device, for any lawful purpose including scheduling reminders and collection of payment. Such calls may be placed via an operator or auto-dialed prerecorded and/or artificial voice message. You agree to pay any fee(s) or charge(s) that you may incur from incoming contact from U of U Health, and/or outgoing contact to U of U Health, to or from any such number, without reimbursement from U of U Health. If you are a temporary caregiver for the patient (such as a nanny, youth leader, foster parent, or certain law enforcement agencies), you may not be financially responsible for the patient's care.
- 3. INSURANCE APPLICATION AND ASSIGNMENT OF BENEFITS.** You authorize U of U Health to apply, on your behalf, to Medicaid, Medicare, or any health care insurer or benefit program for payment for U of U Health's health care services. You confirm that the information you have provided to allow U of U Health to apply for payment by any health care insurance or benefit program is correct. You authorize any insurance, health plan, statutory benefits, settlements, and judgments to which you are entitled in connection with your U of U Health health care services to be paid directly to U of U Health. In consideration of the health care services provided, you irrevocably assign to U of U Health all rights you have in your insurance, health plan, statutory benefits, settlements, and judgments, as necessary for payment for your U of U Health health care services. You agree that you are financially responsible for charges that are not covered by this assignment, and that you are responsible for satisfying any conditions necessary for insurance or health benefits. Where applicable and where otherwise not prohibited by law, you agree to assign to U of U Health your ERISA benefit.
- 4. GOVERNMENTAL IMMUNITY.** All claims for negligence, and other claims against U of U Health and its employees, including physicians, nurses, technicians, and students, may be governed by the provisions of the Governmental Immunity Act of Utah, Utah Code Section 63G-7-101 *et seq.*, as amended, a special law restricting how and when a claim must be presented and limitations on the amount recovered.
- 5. RELEASE OF INFORMATION.** U of U Health may release patient information to you, and to people or companies responsible to pay u of u health charges for your care, such as worker's compensation carriers, or your insurance or health benefits company, u of u health may use or disclose patient information for payment and health care operations purposes; for educational, quality assurance, or medical research purposes; and may use or disclose treatment information, including substance abuse treatment information, for treatment purposes. Such sharing of treatment information extends to U of U Health and non-U of U Health providers participating in shared electronic health records systems or other health information exchange services. U of U Health maintains a publicly available directory indicating your presence at U of U Health with your general condition. You will be included in this directory unless you notify the Admitting Office, in writing, of your desire to opt out of the directory. U of U Health may also disclose patient information as authorized or required by law. For information on our privacy practices, please visit our website at www.privacy.utah.edu.
- 6. DISPOSITION OF BIOSPECIMENS.** Any tissues, parts, body fluids, or other biospecimens removed while you are under the care of U of U Health become the property of U of U Health. U of U Health will determine the proper disposition of any biospecimens pursuant to state and federal law.
- 7. PERSONAL VALUABLES.** U of U Health has a safe to store valuables. U of U Health is not liable for the loss of or damage to any personal property unless you store those articles in the safe. U of U Health will dispose of any items, according to state law, if not retrieved from the safe within thirty days of your discharge.
- 8. GOOD FAITH COOPERATION.** You agree to avoid conduct that may injure patients, visitors, or staff or threaten the safety or orderly operation of U of U Health, and to cooperate and comply with this Agreement and U of U Health policies. If you fail to leave when discharged or directed to do so by a physician or U of U Health officer, you will be subject to lawful remedies. U of U Health has the discretion to assign private or semi-private rooms based on patient census need.
- 9. NON-DISCRIMINATION.** U of U Health does not exclude, deny benefits to, or otherwise discriminate against any person on the ground of race, color, national origin, religion, sex, sexual orientation, gender identity/expression, genetic information, protected veteran status, or on the basis of disability or age in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by U of U Health directly or through a contractor or agent. For further information about this policy, contact the University's ADA/Section 504 Coordinator at: Director, Office of Equal Opportunity and Affirmative Action, (801) 581-8365 (Voice/TTY), (801) 585-5746 (Fax), or through *Relay Utah* at 711 or toll free: (800) 735-2258 or *Spanish Relay Utah* at: (888) 346-3162.

BY SIGNING, YOU INDICATE THAT YOU UNDERSTAND AND AGREE TO THESE TERMS, THAT YOU HAVE RECEIVED A COPY OF THIS DOCUMENT, AND THAT YOU ARE THE PATIENT, GUARANTOR, THE PATIENT'S LEGAL REPRESENTATIVE, OR LEGALLY AUTHORIZED TO SIGN THIS AGREEMENT AND ACCEPT THESE TERMS.

PATIENT NAME: _____	DATE: _____
PATIENT/PATIENT REP/GUARANTOR SIGNATURE: _____	
PRINT NAME OF PERSON SIGNING (PLEASE PRINT): _____	
RELATIONSHIP TO PATIENT: _____	
ADMITTING TECH uID: _____	CHECK-IN TECH uID: _____

