AUTHORIZATIONS & AGREEMENTS

CONSENT TO TREATMENT: I consent to receiving medical care from the University of Kentucky. Medical care includes exams, testing, appropriate immunizations, medical treatment and treatment with controlled substances. I may be tested for HIV (the virus that causes AIDS), hepatitis and other diseases. My consent covers care from the agents, employees and medical staff of the University of Kentucky. No one has guaranteed me that the medical care will have certain results. I have the right (i) to make decisions about my health care, (ii) to refuse medical care, and (iii) to revoke this consent at any time except to the extent medical care has already been provided.

The patient or the authorized parent, guardian, responsible party or surrogate of the patient must give consent.

Photographs: I consent to let the medical staff document my condition upon and during my admission, including taking photographs moving pictures, or other pictures or videotapes.

Teaching Institution: I understand that the University of Kentucky teaches and trains doctors, nurses and other health care providers (an academic medical center). Doctors in training (fellows, residents, interns, and housestaff), medical students and other medical trainees may be involved in my care with the appropriate supervision of my doctor.

Research: I understand that someone from the University of Kentucky may contact me in the future to ask me about my health or to take part in research.

ADVANCE DIRECTIVES: (Please check all statements that apply:)

q I have signed Advance Directives (living will, health care surrogate declaration) and request that these directives govern my course of care, as much as possible under the law. I understand that I must provide the Hospital with a copy of my Advance Directives and that those directives will not govern any course of my care until they have been filed in my medical record.

q Advance Directives attached
q Advance Directives not attached.

q I have not signed Advance Directives (living will, health care surrogate declaration), but I understand that I have the right to make decisions about my health care, including executing advanced directives.

FINANCIAL RESPONSIBILITY

Guarantee of Payment: I agree that I am responsible to the University of Kentucky and Kentucky Medical Services Foundation Inc. (KMSF) for charges resulting from services rendered at their prevailing rates. I agree that all bills are due in full upon demand. Should I fail to honor this agreement, I agree to pay any collection cost or attorney fees resulting from the collection of my accounts. Neither the University of Kentucky nor KMSF in enforcing any rights shall in any manner release me or any responsible party of liability. If the undersigned is more than one person, this obligation shall be joint and several. I agree that the University of Kentucky or KMSF is not a party to any disputed claim or peer-review, which affects payment of any claim filed on my behalf and that upon request for payment from the University of Kentucky or KMSF; I agree to pay any outstanding balance. If any legal action should be sought by the University of Kentucky or KMSF in connection with the collection of charges resulting from services rendered, I agree to be subject to (and hereby consent to) the jurisdiction and venue of any such action or proceeding in the courts within the County of Fayette, Commonwealth of Kentucky, and that I agree to waive any objection that I may have based on improper venue or inconvenient forum. For collection purposes, I authorize UK HealthCare and all of its entities and 3rd party agencies, to contact me on my cell phone or any other phone which I have provided as my contact information, or any number assigned to me that is available to the public, using methods which include pre-recorded/artificial voice messages or the use of automated dialer. Furthermore, I authorize UK HealthCare and all of its entities and 3rd party agencies, to communicate with me at the e-mail address provided or through text messaging.

Assignment of Benefits: I hereby assign all rights and privileges and authorize payment directly to the University of Kentucky and KMSF for any claim filed on my behalf or on behalf of the person for whom I am duly authorized to sign for insurance benefits. I agree this assignment is primary to any assignment given after this date including any cost relative to attorney fees. I also understand that I am financially responsible to the University of Kentucky and KMSF for charges not covered by this assignment or not paid on a timely basis by the insurance company.

Certification: I certify that I have read and understand the consent and authorizations given above and that I am the patient or I am duly authorized by the patient to execute this document and accept its terms.

Rights and Responsibilities: I have received a copy of the Patient Rights and Responsibilities.

Advance Directives: I have received written information about Advanced Directives (Living Will).

Date: ____________________________  Signature of Patient or Duly Authorized Agent: ____________________________

X

Relationship to Patient: q Patient  q Guardian  q Attorney-in-Fact  q Spouse  q Adult child  q Parent  q Nearest Living Relative

Date: ____________________________  Signature of Witness: ____________________________
Your Rights & Responsibilities as a UK HealthCare Patient

You have the right to:
- Receive care no matter what your age, race, color, national origin, ethnic origin, creed, physical or mental disability, veteran status, uniformed service, political belief, sex, sexual orientation, gender identity or expression, appearance, socio-economic status, religion or diagnosis consistent with the services that UK HealthCare provides.
- Know what is medically wrong and how we can help you get better. We will also tell you the things you will need to know when you get home so that you can stay well.
- Know the names of your doctors and nurses.
- Receive care in a safe environment free from all forms of abuse, neglect or harassment.
- Be free from restraints and seclusion in any form that is not medically necessary.
- Say "no" to anything we suggest.
- Not be involved with research unless you want to be involved.
- Receive treatment for pain.
- Have your religious beliefs respected.
- Have your regular doctor or a family member notified that you are in the hospital.
- Have your choices about end-of-life decisions respected.
- Be treated politely and with consideration.
- Have your privacy respected.
- Know about any rules that might affect you or your family.
- Receive a copy of your medical records; request amendment to your records and request a list of disclosures of your record.
- Have your questions about any costs or bills answered at any time.
- You can complain about anything without worry. If you don't want to talk to your doctor or nurse, please contact the Office of Patient Experience (859) 257-2178. If you have conflicts about your care, you may ask your nurse or any other hospital staff member to contact the Ethics Consultation Service on your behalf through UKMDs or call Hospital Administration at (859) 323-5000 to help resolve those conflicts. If you still have a complaint, you may contact the Kentucky Office of Inspector General at 1-800-994-6610; or email to: complaint@jointcommission.org; or mail to: Office of Quality Monitoring, The Joint Commission, One Renaissance Boulevard, Oakbrook Terrace, IL 60181. You may also contact The Joint Commission at 1-800-994-6610; or email to: complaint@jointcommission.org; or mail to: Office of Quality Monitoring, The Joint Commission, One Renaissance Boulevard, Oakbrook Terrace, IL 60181.

To help us help you, please ...
- Tell us everything we need to know about your condition and history.
- Do what your doctor recommends or tell your doctor why you do not want to follow the recommendations.
- Be considerate of the people with whom you come in contact.
- Take part in making your hospital stay safe; be an involved part of your health care team.
- Provide your health insurance information or ask us about other options available to assist you with your payments.
- Let us know if you have legal papers about end-of-life decisions, such as a living will, health care surrogate declaration or other advance directives. Tell your nurse if you want to make an advance directive, or contact Patient & Family Services for more information at 859-323-5501.

What everyone needs to know about AIDS

Kentucky law requires that we inform you about AIDS. AIDS stands for acquired immunodeficiency syndrome. It is a disease caused by a virus (human immunodeficiency virus or HIV) that can destroy the body's ability to fight illness.

People can protect themselves if they take reasonable precautions. AIDS is spread in three main ways:
- Having sex with someone who has HIV
- Sharing drug needles and syringes with users of heroin, cocaine, and other drugs
- Babies can be born with the virus if the mother has been infected

It is true that some people have acquired AIDS through infected blood transfusions or transplanted organs in the past, but that is very rare. Today, all donated blood and organs are tested for the AIDS virus. There is no proof that the virus is spread through casual contact -- you can touch someone with AIDS without getting it. There is no reason to avoid an infected person in ordinary social contact.
Everyone age 18 or older can have a Living Will. The effectiveness of a Living Will is suspended during pregnancy.

The Kentucky Living Will Directive Act of 1994 was passed to ensure that citizens have the right to make decisions regarding their own medical care, including the right to accept or refuse treatment. This right to decide -- to say yes or no to proposed treatment -- applies to treatments that extend life, like a breathing machine or a feeding tube. In Kentucky a Living Will allows you to leave instructions in four critical areas. You can:

- Designate a Health Care Surrogate
- Refuse or request life prolonging treatment
- Refuse or request artificial feeding or hydration (tube feeding)
- Express your wishes regarding organ donation

Everyone age 18 or older can have a Living Will. The effectiveness of a Living Will is suspended during pregnancy.

It is not necessary that you have an attorney draw up your Living Will, Kentucky law (KRS 311.625) actually specified the form you should fill out. You probably should see an attorney if you make changes to the Living Will form. The law also prohibits relatives, heirs, health care providers or guardians from witnessing the Will. You may wish to use a Notary Public in lieu of witnesses.

The Living Will form includes two sections. The first section is the Health Care Surrogate section, which allows you to designate one or more persons, such as a family member or close friend, to make health care decisions for you if you lose the ability to decide for yourself. The second section is the Living Will section in which you may make your wishes known regarding life-prolonging treatment so your Health Care Surrogate or Doctor will know what you want them to do. You can also decide whether to donate any of your organs in the event of your death.

When choosing a surrogate, remember that the person you name will have the power to make important treatment decisions, even if other people close to you might urge a different decision. Choose the person best qualified to be your health care surrogate. Also, consider picking a back-up person, in case your first choice is not available when needed. Be sure to tell the person that you have named them a surrogate and make sure that the person understands what is most important to you. Your wishes should be laid out specifically in the Living Will.

If you decide to make a Living Will, be sure to talk about it with your family and your doctor. The conversation is just as important as the document.

A copy of any Living Will should be put in your medical records. Each time you are admitted for an overnight stay in a hospital or nursing home, you will be asked whether you have a Living Will. You are responsible for telling your hospital or nursing home that you have a Living Will.

If there is anything you do not understand regarding the form, you might want to discuss with an attorney. You can also ask your doctor to explain the medical issues. When completing the form, you may complete all of the form, or only the parts you want to use. You are not required by law to use these forms. Different forms, written the way you want, may also be used. You should consult with an attorney for advice on drafting your own forms.

You are not required to make a Living Will to receive health care or for any other reason. The decision to make a Living Will must be your own personal decision and should only be made after serious consideration.

While you are a patient at University of Kentucky Hospital or the UK HealthCare Good Samaritan Hospital, you may contact the Department of Patient & Family Services in room H149 or call (859) 323-5501 if you would like more information on advance directives.
You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights' Complaint Portal, available at:

https://ocrportal.hhs.gov/ocr/portal/lobby.jsf

or by mail at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

Telephone number: 1-800-368-1019
(TDD) number: 1-800-537-7697

Complaint forms are available at:  http://www.hhs.gov/ocr/office/file/index.html
YOUR RIGHT TO AN INTERPRETER

You have the right to an interpreter at no cost to you.

American Sign Language (ASL)
You have the right to an interpreter at no cost to you. Please point to this line. An interpreter will be called. Please wait.

If you speak English, language assistance services, free of charge, are available to you.

如果您的孩子讲汉语普通话，则可以免费向您提供语言协助服务。

Wenn Sie deutsch sprechen, stehen Ihnen kostenlos Sprachhilfen zur Verfügung.

Chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị, nếu quý vị nói tiếng Việt.

با ترجمة إلى العربية، يمكن أن يتم توفير خدمة الترجمة المجانية.

Ukoliko govorite srpski, na raspolaganju su vam besplatne usluge jezične pomoći.

日本語を話される場合には、無償の言語支援サービスがご利用いただけます。

Si votre langue est le français, des services d’assistance linguistiques sont mis gratuitement à votre disposition.

로커어가 한국어일 경우 무료 언어지원 서비스가 제공됩니다.

Wann du Deitsch schwetzscht, kannscht du mitaus Koschtle ebben gricke, ass dier hett mit die engisch Schprooch.

لا تتردد في استخدام خدمات الترجمة المجانية.

Yoo qooqa Oromo dubbatta tahe, tajaajilli gargaarsaa, baasi (kaffaltii malee) siif jira.

Если ваш язык — русский, то вам могут быть предоставлены бесплатные услуги переводчика.

Kung nagsasalita ka ng Tagalog, may magagamit kang mga serbisyo sa lengguahe na walang bayad.

Niba uvuga Ikirundi, hari servisi itishurwa yo gusobanura indimi.

Services available in 200+ languages.