CONFIDENTIALITY: The rights and obligations of this agreement and the consent to be given shall be governed by the law of the State of Kentucky. I agree that all communications between UK HealthCare and me, including any records containing medical information, will be kept confidential, except as provided by law.

ADVANCE DIRECTIVES

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 my course of 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.

q I have received information about Advanced Directives

q The patient refused to discuss Advance Directives; however, the patient has received information about Advance 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 granting of extensions, indulgences or forbearances to me or any responsible party nor any delays or lack of diligence on the part of the University of Kentucky or 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 guarantor of payment.

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 that the University of Kentucky or 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 guarantor of payment.

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.

Date:________________ Time:___________________ (Patient Label Here)

Employee Initials

<table>
<thead>
<tr>
<th>Relationship to Patient</th>
<th>q Patient</th>
<th>q Guardian</th>
<th>q Attorney-in-Fact</th>
<th>q Spouse</th>
<th>q Adult child</th>
<th>q Parent</th>
<th>q Nearest Living Relative</th>
</tr>
</thead>
</table>

Signature of Patient or Duly Authorized Agent

Signature of Witness

Page 1 of 3 (Pages 2 - 3 Given to Patient)
Your Rights & Responsibilities as a UK HealthCare Patient

You have the right to:

- Receive care no matter what your age, race, ethnicity, culture, color, national origin, language, sex, gender identity or expression, sexual orientation, appearance, socio-economic status, physical or mental disability, 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 customer relations at (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 1-800-372-2973. 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's true that some people have acquired AIDS from 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.
Treatment with Controlled Substances

Federal and state laws regulate controlled substances (drugs) that may be abused. Kentucky law requires that you consent to treatment with these drugs before you can receive them. Some illnesses and injuries can result in pain. Some drugs can make the pain more tolerable. Some other drugs can increase focus and reduce hyperactivity. Use of these drugs can cause nausea, sleepiness, drowsiness, vomiting, constipation, sleeplessness, loss of appetite, agitation, aggravation of depression, dry mouth, confusion, slower breathing, and loss of coordination making it unsafe to drive or operate machinery. These drugs can result in physical dependence, meaning that abrupt stopping may lead to withdrawal symptoms, psychological dependence, meaning that stopping may cause you to crave the drug, tolerance, meaning you need more drugs to get the same effect and addiction, meaning you may develop problems based on genetic or other factors. You must tell your doctor if you are pregnant or are considering pregnancy.

Living Wills In Kentucky

A Living Will gives you a voice in decisions about your medical care when you are unconscious or too ill to communicate. As long as you are able to express your own decisions, your Living Will will not be used and you can accept or refuse any medical treatment. But if you become seriously ill, you may lose the ability to participate in decisions about your own treatment.

You have the right to make decisions about your health care. No health care may be given to you over your objection, and necessary health care may not be stopped or withheld if you object.

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.

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 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 it 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 healthcare 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 at 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.