


Terms and Conditions of Service Form

 <p>University of California San Francisco</p> <p><input type="checkbox"/> UCSF Medical Center (check hospital location) San Francisco, CA</p> <p><input type="checkbox"/> UCSF/Mount Zion Medical Center San Francisco, CA</p>	<p>MEDICAL RECORD NUMBER _____</p> <p>PT NAME _____</p> <p>BIRTHDATE _____</p>								
TERMS AND CONDITIONS OF SERVICE									
<p>Translation: For Chinese, refer to form #876-037CZ, for Russian refer to form #876-037RZ and for Spanish refer to form #876-037SZ.</p>									
<p>Inpatient _____ Outpatient _____ Emergency Dept. _____</p>									
<ol style="list-style-type: none"> 1. TEACHING AND RESEARCH INSTITUTION: The University of California, San Francisco, including the UCSF Medical Center, is dedicated to patient care, first and foremost. It is also a teaching and research institution. As part of the University's medical education programs, residents, interns, medical students, nurses and other health care professionals may participate in or assist with patient care at the request of and under the supervision of the attending physician. The University of California, including the UCSF Medical Center, may use medical information or specimens for teaching and research purposes, including the development of products which may have commercial uses. Any use of these materials and information by the University of California or other institutions will be in accordance with state and federal laws and regulations, including those governing confidentiality of patient records. Patients may be contacted to participate in research studies but they are under no obligation to do so, either now or in the future. Patient privacy will be protected according to existing state and federal laws and regulations. 2. MEDICAL AND SURGICAL CONSENT: Your care or that of your family member is under the direction of the attending physicians. The undersigned consents to routine and, when necessary, emergency medical treatment (medications, injections, drawing blood for tests, routine tests performed during pregnancy related treatment including a cervical culture, VDRL screen, and a toxicology screen for cocaine, opiates and amphetamines, etc.) and X-ray examinations, medical photographs which includes newborn photography for security purposes, laboratory procedures and hospital services rendered the patient under the general and special instructions of the attending physicians, or other physicians assisting in the care of the patient. 3. ASSIGNMENT OF INSURANCE BENEFITS (INCLUDING MEDICARE BENEFITS): The undersigned authorizes, whether he/she signs as agent or as patient, direct payment to UCSF Medical Center of any insurance benefits otherwise payable to or on behalf of the patient for this hospitalization or for these outpatient services, including emergency services if rendered, at a rate not to exceed the hospital's actual charges. It is agreed that payment to UCSF Medical Center, pursuant to this authorization, by an insurance company shall discharge said insurance company of any and all obligations under a policy to the extent of such payment. It is understood by the undersigned that he/she is financially responsible for charges not paid pursuant to this assignment. The undersigned further certifies that information given in applying for payment under the Medicare or Medi-Cal Programs is correct. 4. FINANCIAL AGREEMENT: The undersigned agrees, whether he/she signs as agent or as patient, that in consideration of the services to be rendered to the patient, to accept full financial responsibility for the patient's account in accordance with the regular rates and terms of UCSF Medical Center. The undersigned shall also pay for professional services rendered by physicians or other representative agencies or individuals. The undersigned accepts responsibility for all deductibles and co-payments that may be required by the patient's health insurance, including Medicare. Should the patient's account(s) be referred to an attorney or a collection agency for collection, the undersigned shall pay actual attorney's fees and collection expenses incurred in addition to other amounts due. All delinquent accounts shall bear interest at the legal rate. 5. RELEASE OF INFORMATION: Upon inquiry, California law allows UCSF Medical Center to make available to the public certain basic information about the patient including name and general condition. General condition means one of the following terms: good, fair, serious or critical. UCSF Medical Center will obtain consent and written authorization to release information other than basic information about the patient's medical treatment, except in those circumstances when the hospital is permitted or required by law to release information. If the patient or patient's legal representative does not want such information to be released, he/she must make a written request for such information to be withheld. The patient or the patient's legal representative may obtain a separate form for this purpose upon request. The patient or the patient's legal representative authorizes UCSF Medical Center to furnish information from the patient's medical records to the following: a) The referring physician for purposes of continuing care; b) The patient's health care insurance carrier for purposes of reimbursement of hospital and professional fees; c) Any third party which may be liable for all or part of the patient's hospital and physician charges. 6. VALUABLES: For <u>inpatients</u>, UCSF Medical Center maintains a fireproof safe for the safekeeping of money and valuables. It is understood that UCSF Medical Center shall not be liable for the loss or damage to any personal property unless deposited with the hospital for safekeeping. The liability of UCSF Medical Center for loss of any personal property, which is deposited with the hospital for safekeeping is limited by statute to five hundred dollars (\$500.00) unless a written receipt for a greater amount has been obtained from the hospital by the patient. 7. GENERAL NURSING CARE: For <u>inpatients</u>, UCSF Medical Center provides general duty nursing care unless, upon orders of the patient's physician, the patient is provided more intensive nursing care. If the patient/family desires special duty nurses, you or your legal representative must arrange for this service. The hospital shall in no way be responsible for failure to provide the same and is hereby released from any and all liability arising from the fact that said patient is not provided with additional care. 8. PEDIATRIC PATIENTS: For <u>inpatients</u>, parent/guardian consents to patient's name at bedside. 9. MATERNITY PATIENTS: For Newborns, I consent to the taking of photographs of my newborn child or children for possible purchase by me. <input type="checkbox"/> Y <input type="checkbox"/> N _____ initials. <p>The undersigned certifies that he/she has read and received a copy of the Terms and Conditions of Service, and is the patient or is duly authorized by or on behalf of the patient to execute and accept its terms.</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">_____ PATIENT OR RESPONSIBLE PERSON SIGNATURE</td> <td style="width:20%; border: none;">_____ RELATIONSHIP TO PATIENT</td> <td style="width:10%; border: none;">_____ DATE</td> <td style="width:10%; border: none;">_____ TIME</td> </tr> <tr> <td style="border: none;">_____ WITNESS</td> <td style="border: none;">_____ DATE</td> <td style="border: none;">_____ TIME</td> <td style="border: none;"></td> </tr> </table> <p align="center">TERMS AND CONDITIONS OF SERVICE</p>		_____ PATIENT OR RESPONSIBLE PERSON SIGNATURE	_____ RELATIONSHIP TO PATIENT	_____ DATE	_____ TIME	_____ WITNESS	_____ DATE	_____ TIME	
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