

TULSA WOMEN'S HEALTH CARE
PATIENT AGREEMENTS ON ADMISSION

AUTHORIZATION FOR MEDICAL TREATMENT

Tulsa Women's Health Care and its staff are hereby authorized to administer any medical, diagnostic or therapeutic treatment, including blood transfusions, as may be deemed necessary or advisable. I have the right to consent or refuse consent, to any proposed procedure to therapeutic course, absent emergency or extraordinary circumstances. I understand that in a emergency professional services shall be provided by a specifically requested private physician.

DISCLOSURE OF INFORMATION

I understand that my medical records and billing information are made and retained by Tulsa Women's Health Care and are accessible to TWHC personnel and medical staff. TWHC personnel and physicians in attendance may use and disclose, medical information for TWHC operations and functions and to any other physician or health care personnel involved in my continuum of care for this admission. Safeguards are in place to discourage improper access. TWHC and its medical staff are authorized to disclose all or part of my medical record to any insurance carrier, workers compensation carrier, or self-insured employer group liable for any part of TWHC charges and to any health care provider who is or may become involved with my care. Oklahoma law requires that TWHC advise you that the information authorized for disclosure may include information which may be considered a communicable or venereal disease, including, but not limited to, Hepatitis, Syphilis, Gonorrhea, Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (AIDS). By signing this agreement, you are consenting to such disclosure.

RELEASE OF RESPONSIBILITY

Tulsa Women's Health Care is hereby released from any responsibility for any items of personal property I do not provide to it for safekeeping. TWHC is held harmless from any injuries, damages claims or actions which may arise out of my use of personal electrical equipment.

ASSIGNMENT OF INSURANCE BENEFITS

I agree that insurance benefits for TWHC charges payable to the insured are to be made payable to Tulsa Women's Health Care and that physician benefits otherwise payable to the insured are to be made payable to the physicians(s) responsible for my care. Any payment received for this period may be applied to any unpaid bills for which I am liable, subject to the rules of coordination of benefits.

PRECERTIFICATION POLICY

I understand that Tulsa Women's Health Care will assist with insurance precertification requirements which are the responsibility of the policyholder and/or physician, but will not assume responsibility for precertification or any impact which it may have on insurance payment.

FINANCIAL RESPONSIBILITY

As consideration for the services provided me, payment is guaranteed for any amount due for such services provided by Tulsa Women's Health Care. TWHC charges for services and goods shall be at TWHC'S billed charged rates unless otherwise agreed to in writing by TWHC.

CERTIFICATION

I hereby certify that I have read each of the above statements, have had each item explained to me to my satisfaction, and have received a copy of this Patient Agreement. I further certify that I am the patient or duly authorized by the patient to accept the terms of this Patient Agreement. A photocopy of this document has the same effect as an original.

ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

A complete description of how your medical information will be used and disclosed by this practice is in our NOTICE OF PRIVACY PRACTICES, which you should read before signing this agreement. You will receive this upon your appointment.

I have received a copy of Tulsa Women's Health Care Notice of Privacy Practice.

Patient's or Responsible Party Signature

Relationship

Date Signed

Witness

Basis for refusal, if refused: _____