

CONSENT FOR TREATMENT – AMBULATORY

The acceptance of any services at or from the subsidiaries of Baptist Health System, Inc., which include our hospitals, outpatient services, and/or our physician practices (collectively, “Baptist Health”) constitutes an acknowledgment of, acceptance of, and agreement to, the following terms by you (the patient indicated below) or on your behalf (by the undersigned alternative decision-maker).

You affirm that you are of legal age and otherwise competent to consent to medical treatment. If not, the person signing below represents they are the parent, legal guardian, or a person who is otherwise allowed by law to consent to the examination and treatment of the patient.

Consent to Treatment. You consent to examination, diagnosis, and general medical care and treatment to be performed by employees of wholly-owned subsidiaries of Baptist Health System, Inc., including physicians and advanced care providers. You further consent to the use of information or data associated with this care for quality improvement and research purposes. You further consent to the collection, creation, storage, analysis, use, and/or sharing of your blood, tissues, DNA or other biological products and the records pertaining to them when clinically necessary to treat you.

If your access to care is to be provided via telehealth, information has been provided to you about the potential risks, consequences and benefits of telehealth. You have had the opportunity to ask questions about any telehealth consultation. You understand that you may withhold or withdraw consent to telehealth consultation at any time without affecting the right to future care or treatment or withdrawal of any program benefits to which you would otherwise be entitled.

Patient Authorizations and Acknowledgements

Baptist Health uses an integrated electronic medical record system (the “EMR”), which can be accessed by, and may be shared with, other providers who may also provide you care at our hospitals, physician practices and affiliated partners. Use of the integrated EMR enables providers to work together to see a more complete picture of your health and better address your health care needs. The EMR enables Baptist Health to obtain, exchange and provide access to your medical data electronically, for Treatment, Billing and related Healthcare Operations purposes (as those terms are defined in the Health Insurance Portability and Accountability Act of 1996, as amended, and its implementing regulations (“HIPAA”).

Facility Transport or Transfer. You understand that if your medical needs require a transport or transfer to a facility providing a different level of care or services not available at the facility at which you were admitted, you may elect to be transferred outside of the Baptist Health system. Southern Baptist Hospital of Florida, Inc. operates Baptist Medical Center Jacksonville, Wolfson Children’s Hospital, Baptist Medical Center South, Baptist Medical Center Clay and several free-standing emergency departments. Baptist Medical Center of the Beaches, Inc. operates Baptist Medical Center Beaches and Baptist Medical Center of Nassau, Inc. operates Baptist Medical Center Nassau. These entities are collectively, the “Baptist Health Hospitals.” You understand that none of the Baptist Health Hospitals have any control or influence over the other Baptist Health Hospitals or the physicians, dentists, podiatrists, and some psychologists, nurse practitioners, and physician assistants (the “Professionals”) providing services within those facilities, and that the admitting Baptist Health Hospital is not liable for the acts or omissions of any other Baptist Health Hospital to which you are transported or transferred.

Notice of Privacy Practices. You acknowledge receipt of a copy of the Baptist Health Notice of Privacy Practices (the “NPP”), which can be viewed via the QR code at the end of this form. You authorize Baptist Health to use and disclose information from, and release copies of, your medical records in accordance with Baptist Health’s policies and privacy practices, which are summarized in the NPP, including disclosure to your past, present and future healthcare providers. You further consent, as clinically indicated, to be videotaped, photographed and/or recorded while a patient of Baptist Health for the purpose(s) of (i) enhancing the clinical assessment documentation or treatment being rendered to you by Baptist Health or your attending physician(s), (ii) documenting your response to such treatment, (iii) providing clinical education regarding such treatment or your condition, and/or (iv) educational purposes and quality control and quality and operational improvement. All existing confidentiality protections under HIPAA and other federal and Florida state law apply to information disclosed during videorecording of assessments/procedures and video transmission for telehealth consultations. Reasonable and appropriate efforts have been made to eliminate any confidentiality risks associated with any telehealth consultation. Telehealth consultations will not be recorded unless you or your provider mutually agree that it is necessary for your care.

Release of Medical Information. You authorize Baptist Health to release any medical or other information necessary to process claims to your insurance/third-party carrier. This may include your diagnosis and other records generated in the course of your treatment.

You understand that a copy of your medical records may be provided to you, a family member, or any other designated individual or organization if you complete an appropriate authorization form, and that Baptist Health may charge for your records based on current state and federal guidelines. Further, you acknowledge that as permitted by law, Baptist Health may release health information about you if you are a danger to yourself or others.

Clinical Student Education. In addition to patient care, an important activity of Baptist Health is the training, teaching, and education of healthcare professionals, including, but not limited to, physicians, medical students, nurses and other paramedical personnel (collectively, “Clinical Students”). You consent to (i) the admission of Clinical Students to the room where procedures,

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tests or examinations are performed on you and (ii) care or treatment by Clinical Students under proper clinical supervision, but you understand that you may object to the involvement of clinical students in your care by informing Baptist Health in advance of such objection.

Personal Valuables. Baptist Health is not responsible for your money, valuables and other personal property and has no liability for their loss, theft, damage, or destruction.

Medicare Information. If you have Medicare, you certify that the information given by you in applying for payment under Title XVIII of the Social Security Act (Medicare) is correct to the best of your knowledge. You specifically request that payment of authorized benefits be made directly to Baptist Health on your behalf. The care and services received during your visit to Baptist Health are subject to professional medical review according to federal law.

Patient's Bill of Rights. You acknowledge that a copy of Baptist Health's "Patient's Bill of Rights" is available to you.

Access to Primary/Specialty Care Physicians. You understand that upon admission to a Baptist Health Hospital, you may request that your treating providers(s) consult with your primary care physician or specialist when developing your plan of care.

Insurance/Billing (Authorization and Assignment of Benefits). As a courtesy, Baptist Health will file your insurance claim on your behalf. Any patient portion due (i.e., co-pay, co-insurance, self-pay) will be collected prior to your scheduled appointment unless prior payment arrangements have been made with a billing representative.

- **Co-pay:** A pre-set amount that is the patient's responsibility at each visit. This is a flat rate that is subject to change each time the patient's insurance policy is renewed.
- **Co-insurance:** A percentage of the cost of a visit based on the insurance discount that applies to the type of service received until the patient's portion of the payments reaches the amount of their deductible for that type of service. This percentage or amount may change from visit to visit, depending on the complexity of the appointment and/or the services provided.
- **Self-Pay:** When a patient does not have insurance or the patient's insurance plan does not cover a provider, the patient will be provided an estimate of the amount for the type of visit. This amount may change depending on the type of service provided.

To assist with timely payment, please notify Baptist Health of any changes to your insurance. Failure to provide updated insurance information may result in you being financially responsible for any charges incurred. You understand that failure to make timely payments on your account may result in having additional appointments cancelled.

You give consent for Baptist Health to bill your insurance directly for services rendered. You understand that you are financially responsible for charges not covered by your insurance company. You authorize payment directly to Baptist Health of any insurance benefits otherwise payable to you. In the event you receive payment from your insurance carrier, you agree to endorse over to Baptist Health any payment you receive for which these fees are payable. If you wish to opt out of using your insurance to pay for services, you must complete the necessary form. Otherwise, you understand that Baptist Health will bill the insurance company that has been provided.

You authorize any holder of medical or other information about you to release to your insurance or third-party carrier, the Social Security Administration, or applicable intermediaries any information needed for an insurance claim.

Installment and Delinquent Payments. Unless prohibited by law, Baptist Health reserves the right, in its sole discretion to (i) decline further services to you without notice, (ii) accept periodic installment payments without waiving the right to demand payment in full at any time, and (iii) assign the payment(s) due for services rendered to you to any third-party. You have the right, upon request, to receive an itemized bill for services rendered by Baptist Health. You may be billed by Baptist Health and/or the Professionals, or on their behalf by any of the affiliates of Baptist Health or the Professionals, as applicable, for services rendered to you. You understand that if you are more than thirty (30) days delinquent in the payment of any bill connected with services rendered by or at Baptist Health, such bill may, in the sole discretion of Baptist Health and/or any of the Professionals, accrue interest at the maximum rate allowed by law. You further understand that unresolved patient balances may be referred to a collection agency and that you are responsible for and agree to pay all fees associated with the collection process, including, but not limited to, attorney's fees, collection agency fees and court costs.

Medication and Medical Device Assistance Programs. In some cases, Baptist Health may be able to obtain reimbursement for some of your ordered treatments such as medications, medical devices, or out-of-pocket expenses. Most of these programs require the patient's consent and signature on the application forms. For convenience, you hereby authorize representatives of Baptist Health, its agents, third parties, or its designee, to pursue, complete and sign such documentation on your behalf. Moreover, you appoint Baptist Health, its agents, third parties, or its designee, as your attorney-in-fact for the limited purpose of completing and signing, in your name, the documentation required to seek and obtain, if available, financial assistance for your medications, medical devices, or out-of-pocket costs. You may revoke this limited power of attorney at any time by contacting Baptist Health's billing department.

Completion of Forms. You acknowledge that your provider has the sole discretion regarding whether to complete medical excuse forms or other accommodation forms and requests. If disability and/or Family Medical Leave forms are completed, Baptist Health may charge a nominal fee for that service.

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Contact Information. If at any time, you provide contact information (e.g., telephone number, mailing address, or e-mail address) at which you may be contacted, you authorize Baptist Health and its representatives to send and consent to receive communications in any manner, including, but not limited to, communications via: automated e-mails, patient portal, voicemails, written statements, texts, autodialed calls and pre-recorded messages, which could result in charges to you. You understand that the contact information you provide may be used for treatment, payment, collections and operations. You authorize Baptist Health and its representatives to send unencrypted messages using any communication means you have provided and you understand and accept the risks associated with doing so.

You understand and agree that Baptist Health may pass on this right to its respective successors, assigns, affiliates, agents, and independent contractors, including, but not limited to, servicers and collection agents.

You acknowledge that you are the authorized user of any contact information that you provide to Baptist Health and that you have permission to use this contact information from the actual current subscriber of the information. You understand that it is your responsibility to update Baptist Health with new and updated contact information and that if you fail to update this information, you will hold Baptist Health, its affiliates, and their respective officers, directors, employees and agents harmless for untimely, unintended or improper notifications.

Cancellation Policy. In the event you must cancel or reschedule an appointment, you must provide at least 24-hours advanced notice. If authorized, we attempt to confirm an appointment, but this is a courtesy and not a guarantee. In the event we do not receive 24-hours advanced notice, you may be charged a cancellation/no show fee. Please make every effort to arrive on time for your appointment and let us know if you will be late. If you are late for your appointment, it may have to be rescheduled based on the provider's availability. You may be discharged from a practice and any future appointments may be cancelled if you develop a pattern of missing appointments without giving proper notice.

You certify that you (i) have read, had read to you or were given the opportunity to read the foregoing, (ii) had the opportunity to request a copy of the foregoing, and (iii) accept the foregoing terms. You understand that your acceptance of services at or from Baptist Health also constitutes your acceptance of the foregoing terms.

Patient or Authorized Representative (Signature)	Date	Time

Patient or Authorized Representative (Printed Name)	Relationship to Patient

Witness signatures are required when: 1. One witness is required when patient can only make a mark. Two witnesses are required if patient provides verbal consent. Physician signature may count as one witness. 2. If patient unable to consent, two witnesses are required when consent is obtained from the patient's authorized representative by telephone or video. Physician signature may count as one witness. 3. Per BH Policy 7.11.13.

Witness Signature	Witness Printed Name	Date	Time

Witness Signature	Witness Printed Name	Date	Time

Interpreter Badge ID and/or Name (if applicable)



QR Code link to Baptist Health
Notice of Privacy Practices (the "NPP")

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