

Admissions Form

Account#:		Date of Service:	
Physician:			
Patient Name:			
Patient Date of Birth:			
Patient Social Security #:			
Patient Address:			
Patient Phone Number:			
Marital Status:		Smoker:	Y or N
			Race:
Religious Preference:			
Emergency Contact:			
Patient Employer:			
Employer Address:			
Occupation:			
Employer Phone Number:			
Insurance Plan:			
Insured's Name:			
Insurance ID#:			
Insurance Group#:			
Mailing Address for Claims:			
Chief Complaint:			

Advance Directive Acknowledgement

THE STATE OF ARKANSAS RECOGNIZES TWO TYPES OF ADVANCE DIRECTIVES, A DURABLE POWER OF ATTORNEY FOR HEALTH CARE AND A LIVING WILL. A COMPETENT ADULT SHALL HAVE THE RIGHT TO MAKE A WRITTEN ADVANCE DIRECTIVE, INSTRUCTING HIS OR HER PHYSICIAN AND THE HOSPITAL THEIR WISHES ABOUT THEIR OWN MEDICAL CARE.

PLEASE READ AND SIGN ONE OF THE FOLLOWING:

1. I HAVE A LIVING WILL. IT IS MY RESPONSIBILITY TO PROVIDE MY PHYSICIANS AND THE HOSPITAL WITH A COPY OF THE DOCUMENT.

SIGNATURE OF PATIENT OR GUARDIAN

2. I HAVE A LIVING WILL ON FILE WITH THIS FACILITY, DATED _____ THERE HAVE BEEN NO CHANGES MADE BY ME SINCE THE ABOVE DATE.

SIGNATURE OF PATIENT OR GUARDIAN

VERIFIED LIVING WILL ON FILE DATED _____ BY H.I.M. CLERK _____

PAT.REP. _____

3. I HAVE A DURABLE POWER OF ATTORNEY FOR HEALTH CARE. IT IS MY RESPONSIBILITY TO PROVIDE MY PHYSICIAN AND THE HOSPITAL WITH A COPY OF THE DOCUMENT.

SIGNATURE OF PATIENT OR GUARDIAN

4. I HAVE A DURABLE POWER OF ATTORNEY FOR MY HEALTH CARE ON FILE WITH THIS FACILITY DATED THERE HAVE BEEN NO CHANGES MADE BY ME SINCE THE ABOVE DATE.

SIGNATURE OF PATIENT OR GUARDIAN

VERIFICATION OF DURABLE POWER OF ATTORNEY ON FILE DATED _____ BY H.I.M. CLERK _____

PAT. REP. _____

5. I DO NOT HAVE A DURABLE POWER OF ATTORNEY FOR HEALTH CARE OR A LIVING WILL.

SIGNATURE OF PATIENT OR GUARDIAN

6. **I DO NOT HAVE A DURABLE POWER OF ATTORNEY FOR HEALTH CARE OR A LIVING WILL, BUT I WOULD LIKE TO HAVE MORE INFORMATION ON ADVANCE DIRECTIVES.

SIGNATURE OF PATIENT OR GUARDIAN

DATE: _____ TIME: _____

WITNESS: _____

****INFORMATION PROVIDED:**

SIGNATURE/TITLE _____

DATE: _____ TIME: _____

Conditions of Services

1. Consent to Medical and Surgical Procedures

The patient identified above consents to the procedures which may be performed during this hospitalization or on an outpatient basis, including emergency treatment or services, and which may include but are not limited to laboratory procedures, x-ray examination, medical and surgical treatment or procedures, anesthesia, or hospital services rendered for the patient under the general and special instructions of the patient's physician or surgeon.

2. Patient Care

The hospital provides only general patient care unless, upon order of the patient's physician, the patient is provided more intensive nursing care. If the patient's condition is such as to need the service of a special duty nurse, it is agreed that such must be arranged by the patient or his/her legal representative. 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 such additional care.

3. Legal Relationship Between Hospital and Physician

All physicians and surgeons furnishing services to the patient, including the Emergency Department physicians, radiologist, pathologist, anesthesiologist and the like, are independent contractors with the patient and are not employees or agents of the hospital. The patient is under the care and supervision of his/her attending physician and it is the responsibility of the hospital and its nursing staff to carry out the instructions of such physician. It is the responsibility of the patient's physician or surgeon to obtain the patient's informed consent, when required, to medical or surgical treatment, special diagnostic or therapeutic procedures, or hospital services rendered for the patient under the general and special instructions of the physician.

4. Personal Valuables

It is understood and agreed that the hospital maintains a safe for the safekeeping of money and valuables, and the hospital shall not be liable for the loss or damage to any money, jewelry, documents, fur, garments, dentures, eye glasses, hearing aids, prosthetics or other articles of unusual value and small size, unless placed in the safe, and shall not be liable for loss or damage to any other personal property, unless deposited with the hospital for safekeeping. The maximum liability of the hospital for loss of any personal property which is deposited with the hospital for safekeeping is limited to five hundred dollars (\$500.00) unless a written receipt for a greater amount has been obtained from the hospital by the patient.

5. Consent to Photograph/Videotaping

The hospital is permitted to take pictures of the medical or surgical progress involving the patient for treatment purposes. The patient consents to photography during medical and surgical procedures and the use of same for treatment purposes. The patient further consents to routine photography related to patient care, including newborns.

6. Emergency or Laboring Patients

In accordance with Federal Law, I understand my right to receive an appropriate medical examination performed by a doctor, or other qualified medical professional, to determine whether I am suffering from an emergency medical condition, and, if such a condition exists, stabilizing treatment within the capabilities of the hospital's staff and facilities, even if I cannot pay for these services, do not have medical insurance or I am not entitled to Medicare or Medicaid.

7. Financial Obligations

Notwithstanding section (7), I further understand that I am responsible to the hospital and the physician(s) for all reasonable charges incurred by me and not paid by third party benefits. In the event that said bill, or any part thereof, is deemed delinquent by the hospital, I understand that I will be responsible for collection of expenses as well as reasonable attorney's fees and court costs if a suit is instituted. All delinquent accounts shall bear interest at the maximum rate allowed by law.

8. Assignment of Insurance or Health Plan Benefits to Hospital

The undersigned assigns and hereby authorizes, whether he/she signs as agent or as patient, direct payment to the hospital of all insurance and plan 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 regular charges. It is agreed that payment to the hospital pursuant to this authorization by an insurance company or health plan shall discharge said insurance company or health plan of any and all obligations under the policy to the extent of such payment. It is understood by the undersigned that he/she is financially responsible for charges not covered by this assignment.

9. Assignment of Insurance or Health Plan Benefits to Hospital-Based Physicians

The undersigned authorizes, whether he/she signs as agent or as patient, direct payment to any hospital-based physician of any insurance or health plan benefits otherwise payable to or on behalf of the patient for professional services rendered during this hospitalization or for outpatient services, including emergency services if rendered, at a rate not to exceed such physician's regular charges. It is agreed that payment to such physician pursuant to this authorization by an insurance company or health plan shall discharge said insurance company or health plan of any and all obligations under the policy to the extent of such payment. It is understood by the undersigned that he/she is financially responsible for charges not covered by this assignment.

10. Medicare Patient's Release of Information

I certify that the information given by me in applying for payment under Title XVII of the Social Security Act is correct. I authorize release of any information needed to act on this request. I request that payment of authorized benefits be made in my behalf. I assign payment for the unpaid charges of the physician(s) for whom the hospital is authorized to bill in connection with its services. I understand that I am responsible for any remaining balance not covered by other insurance.

11. I Have Received the Additional Facility Specific Addendums:

_____ Patient Rights and Responsibilities _____ HIPAA Form _____
_____ Important Message from Champus _____ Other Specific items as listed here
_____ Important Message from Medicare _____ Patient Safety Information
_____ Information regarding Advance Directives _____
_____ Not Applicable
_____ Patient has executed Advance Directives – Copy obtained Yes No

12. Release of Information

The hospital will obtain the patient's consent and authorization to release medical information, other than basic information, concerning the patient, except in those circumstances when the hospital is permitted or required by law to release information.

The undersigned has consented to the release of medical information to entities that provide care in post-acute settings.

In accordance with the Safe Medical Device Act of 1990, the undersigned agrees that in the event a permanent medical device is implanted, the hospital is hereby authorized to notify the manufacturer of patient's name, address, telephone number, and social security number (if available) as well as other information about the implantation.

The hospital is authorized, without further action or on behalf of the patient, to disclose all or any part of the patient's record to any entity which is or may be liable to the hospital, patient or any entity affiliated with patient for all or part of the hospital's or hospital-based physicians' charges for the patient's services (including, without limitation, hospital or medical service companies, insurance companies, workers' compensation carriers, welfare funds, patient's employer, or medical utilization review organization designated by of the foregoing.)

13. Financial Responsibility Agreement by Personal Other than the Patient or the Patient's Legal Representative

I agree to accept financial responsibility for services rendered to the patient and to accept the terms of the Financial Obligations (Paragraph 8) and Assignment of Insurance or Health Plan Benefits (Paragraph 9 and 10) set forth above.

_____ Date _____ Financially Responsible Party _____ Witness

Translator: I have accurately and completely read the foregoing document to _____ (name of patient/person legally authorized to give consent) in _____, the patient's or patients representative's primary language. He/she understood all the terms and conditions and acknowledged his/her agreement thereto by signing this document in my presence.

The undersigned certifies that he/she has read the foregoing, received a copy thereof, and is the patient, the patient's legal representative, or is duly authorized by the patient as the patient's general agent to execute the above and accept its terms.

_____ Date/Time _____ Patient/Parent/Guardian/Conservator/Responsible Party _____ Translator

_____ If other than patient, indicate relationship _____ Witness _____ Witness

A COPY OF THIS DOCUMENT IS TO BE DELIVERED TO THE PATIENT AND ANY OTHER PERSON WHO SIGNS THIS DOCUMENT.



Joint Notice of Privacy Practices (NPP) Acknowledgement

A Joint Notice of Privacy Practices is provided to all patients. This Notice of Privacy Practices identifies: 1) how medical information about you may be used or disclosed; 2) your rights to access your medical information, amend your medical information, request an accounting of disclosures of your medical information, and request additional restrictions on our uses and disclosures of that information; 3) your rights to complain if you believe your privacy rights have been violated; and 4) our responsibilities for maintaining the privacy of your medical information.

Please check (initial) as appropriate, or applicable, or circle those that apply:

- Yes, you may include my name, location, general health condition and religious affiliation In a Patient Directory.
- Yes, you may include In a Patient Directory my *(circle those that apply)*

Name	Location	General Health Condition	Religious Affiliation
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- No, you may not include my name, location, general health condition and religious affiliation In a Patient Directory.

The undersigned certifies that he/she has read the foregoing, received a copy of the Joint Notice of Privacy Practice (NPP), and is the patient, or the patient’s personal representative.

Name of Patient or Patient’s Personal Representative

Relationship of Personal Representative to Patient (if applicable)

Signature of Patient or Patient’s Personal Representative

For Internal Use Only The identity of the requestor has been validated either with a government issued picture ID, such as a driver’s license or passport, or comparison of signatures documented in the Protected Health Information records

Signature of employee validating identity

If applicable, reason patient’s written acknowledgement could not be obtained

Notice Date ____/____/____

Notice Version _____

A Patient's Bill of Rights

The American Hospital Association's Committee on Health Care for the Disadvantaged drafted what is known as a Patient's Bill of Rights. The points, which cover the most commonly questioned situations that patients encounter in a hospital are subject areas that have always needed to be spelled out to the patient, so that the patient would know what his rights are in the hospital setting.

Patients Rights:

1. The patient has the right to impartial access to treatment that is available or medically indicated, regardless of race, creed, sex, national origin, or source of payment.
2. The patient has the right to have the hospital promptly notify a family member/representative and his/her physician of his/her admission to the hospital.
3. The patient has the right to considerate and respectful care and the right to give us feedback about his/her care.
4. The patient has the right to have their care provided in a safe effective manner and in a safe environment.
5. The patient has the right to wear appropriate personal clothing and religious or other symbolic items, as long as they do not interfere with diagnostic procedures or treatment.
6. The patient has the right to have a complete Advance Directive (such as a Living Will or Durable Power of Attorney for Healthcare) placed in his/her medical record with the expectation that the hospital staff and practitioners will honor the directive to the extent permitted by law and hospital policy. A patient desiring Advance Directives preparation will be entitled to have hospital staff assist with the process.
7. The patient has the right to receive care in a safe setting, and to be free from all forms of abuse and harassment.
8. The patient has the right to be free from restraints of any form that are not medically necessary. For behavior management, all patients have the right to be free from restraints except in the case of an emergency, when there is an imminent risk of an individual physically harming themselves or others, and less restrictive interventions would be ineffective.
9. The patient has the right to obtain, from his/her physician, complete, current information concerning diagnosis, treatment, and prognosis in terms the patient can reasonably be expected to understand. When it is not medically advisable to give such information to the patient, the information should be made available to an appropriate person in his/her behalf. The patient has the right to know, by name, the physician responsible for coordinating his/her care and to participate in the development and implementation of his/her plan of care.
10. The patient has the right to know the identity and professional status of individuals providing service to him/her and to know which physician or other practitioner is primarily responsible for his/her care.

11. The patient has the right to receive from his/her physician information necessary to give informed consent prior to the start of any procedure and/or treatment. Except in emergencies, such information should include but not limited to the specific procedure and/or treatment, the medically significant risks, benefits, alternatives, and the probable duration of the illness. The patient also has the right to know the name of the person responsible for the procedures and/or treatment.
 - a. To the degree possible, this information should be based on a clear, concise explanation of his/her condition and all proposed technical procedures including the possibility of any risk of mortality or serious side effects, problems relating to recuperation and probability of success. The patient should not be subjected to any procedure without his voluntary, competent, and understanding consent or the consent of his legally authorized representative.
12. The patient at his/her own request and expense has the right to a second opinion or to consult with a medical specialist.
13. The patient has the right to refuse treatment to the extent permitted by law and to be informed of the medical consequences of his/her action. When refusal of treatment by the patient or his legally authorized representative prevents the provision of appropriate care in accordance with professional standards, the relationship with the patient may be terminated upon reasonable notice.
14. The patient has the right to every consideration of his/her privacy concerning his/her own medical care program. Care discussion, consultation, examination and treatment are confidential and should be conducted discreetly. Those not directly involved in the care must have the permission of the patient to be present.
15. The patient has the right to confidentiality of his/her clinical records, except in such cases as suspected abuse or public health hazards and/or reporting is permitted by required law. The patient has the right to have his/her medical record read only by those individuals directly involved in his/her treatment or in the monitoring of quality. Other individuals may only read his/her medical record on the patient's written authorization or that of his/her legally authorized representative. The patient has the right to expect all communications and other records pertaining to his/her care, including the source of payment for treatment to be treated as confidential.
16. The patient has a right to access information contained in his/her clinical records within a reasonable time frame, and to have the information explained or interpreted as necessary, except when restricted by law.
17. The patient has the right to expect that within its capacity, the Hospital must make reasonable response to the request of patient for services. The hospital must provide evaluation, service, and/or referral as indicated by the urgency of the case.

18. The patient has the right, when medically permissible, to be transferred to another facility. The patient may not be transferred to another facility or organization unless the need for the transfer, the benefits, risks and the alternatives to such a transfer have been clearly explained to the patient. The patient will not be transferred until the other facility and a receiving physician agrees to accept him/her.
19. The patient has the right to be informed by the practitioner responsible for his/her care or his/her delegate, of any continuing health care requirements following discharge from the hospital.
20. The patient has the right to access people outside the hospital by means of visitors and by verbal or written communication. When the patient does not speak or understand the dominant language of the community, he/she should have access to an interpreter.
21. The patient has the right to expect reasonable continuity of care when appropriate and to be informed of realistic care alternatives including protective services when hospital care is no longer appropriate. He/she has the right to expect that the hospital will provide a mechanism whereby he/she is kept informed by his/her physician or delegate.
22. The patient has the right to appropriate assessment and management of pain. The hospital plans, supports, and coordinates activities and resources to assure the patient's pain is recognized and addressed appropriately. This includes initial assessment and regular reassessment of pain, education of all relevant providers in pain assessment and management; education of the patient and/or family regarding their roles in managing, as well as, the potential limitations and side effects of pain treatments, and while taking into account the patient's personal, cultural, spiritual, and/or ethnic beliefs, communicating to the patient and/or family that pain management is an important part of care.
23. The patient has the right to examine and receive an explanation of his/her bill regardless of source of payment, and receive an itemized and detailed explanation of his/her total bill for services rendered in the hospital.
24. The patient has the right to information regarding "Patient's Bill of Rights" policy upon request. Any questions or complaints concerning the quality of care will be addressed at the time identified or brought to the attention of the director/supervisor. Review and follow up of complaints will be done in a timely fashion. The patient is entitled to information about the hospital's mechanism that can assist in the prompt resolution of complaints and answer questions about his/her hospital stay and care.
25. The dying patient has the right to comfort and dignity through treatment of primary and secondary symptoms that respond to therapies as desired by the patient or surrogate decision-maker. Psychological and spiritual concerns of the patient and the family regarding dying shall be acknowledged along with his/her individual and corporate expression of grief.
26. The patient has the right to know what hospital rules and regulations apply to his/her conduct as a patient and shall be given information about rights and responsibilities upon admission.

Patient Responsibilities:

1. The patient has the responsibility to provide information about present complaints (including his/her level of pain on the Hospital's tool for measurement), past illnesses, hospitalization, medication and other matters relating to his/her health.
2. The patient is responsible for following the treatment plan recommended by the practitioner primarily responsible for his/her care and for informing their physician and other caregivers if he/she anticipates problems in following the prescribed treatment.
3. The patient is responsible for the consequences of his/her actions if he/she refuses treatment or does not follow the practitioner's instructions.
4. The patient is responsible for following hospital rules and regulations affecting patient care, conduct, and safety.
5. The patient is responsible for being considerate of other patients and hospital property and personnel, and for assisting in the control of noise, smoking, and number of visitors.
6. The patient is responsible for ensuring that the healthcare institution has a copy of his/her written Advance Directive.
7. The patient is responsible, when able, for maintaining personal hygiene and grooming during hospital stay.
8. The patient has the responsibility for providing information for insurance and for working with the hospital to arrange payment when needed.