Medical Offices - General Consent

Indiana University Health Arnett

CONSENT

This consent applies to Indiana University Health Arnett Medical Offices, its agents, employees, as well as Providers. In each paragraph, "IU Health Arnett" refers to all Indiana University Health Arnett Medical Offices. In each paragraph, doctors, residents, medical students, nurse practitioners, and physician assistants will be called "Providers".

Authorization for Treatment: I agree to let IU Health Arnett, its agents, employees, as well as Providers, provide care and treatment. This includes but is not limited to exams, blood tests, radiology, other testing, minor procedures and medications, which are necessary for the diagnosis and treatment of my health condition according to the judgment of my treating Provider. I may be asked to sign a separate consent if I need to have certain procedures performed. I agree that IU Health Arnett and its Providers cannot make any explicit guarantees or promises regarding results or cures.

Payment Responsibility: I know that I am responsible for paying for all care I receive. I agree IU Health Arnett may release my medical records as necessary to receive all payments that I am entitled to under insurance policies. I am responsible for knowing what insurance coverage I have and for following insurance policy rules. If I do not pay what I owe IU Health Arnett, they may send the matter to a collection agency or attorney, and I understand and agree to be responsible for reasonable attorney's fees, court costs, costs of collection and interest.

Duration of Consent: If I do not revoke it, this consent will continue for one (1) year. I understand that I may revoke this consent at any time by giving notice to IU Health Arnett in writing, except to the extent IU Health Arnett has already taken action in reliance on it. I agree that I have read this form carefully and agree that everything in this agreement applies to current and future healthcare services provided by IU Health Arnett and Providers.

Signature of Patient/Legal Representative	Date	Relationship of Legal Representative to Patient	
Signature of Guarantor (if other than patient)	Date	Witness Signature	Date

ACKNOWLEDGMENTS

Notice of Privacy Practices and Patient Rights and Responsibility:
I have been offered and/or received both the IU Health Arnett 'Notice of Privacy Practices' and the IU Health Arnett 'Patient Rights and Responsibilities' brochures.

Personal Belongings:
IU Health Arnett is not liable for loss, theft or damage of my personal belongings. Items that could pose a threat to the health and safety of other patients, visitors, Providers and staff are prohibited on IU Health Arnett premises. If prohibited items are suspected, IU Health Arnett staff has the right to search my belongings. Items determined to pose a threat may be (1) stored securely while on the premises or (2) be disposed of or confiscated. Only commissioned law enforcement officers may be in possession of weapons and/or firearms while on IU Health Arnett property.

Teaching Environment:
IU Health Arnett is part of a teaching environment, and at times I may be asked to allow students and residents to be involved in my care.

Infectious Disease Testing:
I agree to allow IU Health Arnett to test for infectious diseases, such as hepatitis and human immunodeficiency virus (HIV) if a member of my healthcare team is exposed to my blood or body fluid. If I am exposed to any blood or body fluid during my treatment, I can request the source person be tested for such infectious diseases; at no cost to parties being tested. All parties involved will have access to results.

Release of Information:
My previous healthcare providers may share my medical records with IU Health Arnett to facilitate my healthcare. I may be asked to sign additional release forms as needed, such as FMLA or Authorization to Share. IU Health Arnett may share my medical information with appropriate family members, as minimally necessary, to make decisions about my care, if I am not competent to speak for myself or if I so request. As allowed by law, IU Health Arnett and its Providers may share my medical records with third-party payors, insurance companies, review agencies, welfare departments, and to third-party data service providers including systems such as the Indiana Net-work for Patient Care (INPC). This may include records about infectious diseases and drug and alcohol abuse treatment. I may change my mind about agreeing to this release of information at any time by giving notice to IU Health Arnett in writing.

Photographs:
Photographs and recordings will not be made without my knowledge. Photographs and audio or video recordings may be used when appropriate as part of my medical care or treatment, and will become part of my IU Health Arnett medical record. Examples include photographs of skin conditions and wounds. I will be asked to sign a separate consent for photographs or recordings used for other than treatment purposes. Patient and family requests for photographs, audio or video recordings will be granted only if all parties consent, including Providers and staff.

Indiana University Health

