

- 1 University of Kentucky A.B. Chandler Hospital
- 1 UK HealthCare Good Samaritan Hospital
- 1 UK HealthCare Ambulatory Services
- 1 UK Dental and Oral Health Clinics

AUTHORIZATIONS & AGREEMENTS

(Patient Label Here)

CONSENT TO TREATMENT: I consent to receiving medical care from the University of Kentucky. Medical care includes exams, testing, appropriate immunizations, medical treatment and treatment with controlled substances. I may be tested for HIV (the virus that causes AIDS), hepatitis and other diseases. My consent covers care from the agents, employees and medical staff of the University of Kentucky. No one has guaranteed me that the medical care will have certain results. I have the right (i) to make decisions about my health care, (ii) to refuse medical care, and (iii) to revoke this consent at any time except to the extent medical care has already been provided.

The patient or the authorized parent, guardian, responsible party or surrogate of the patient must give consent.

Images: I consent to let my health providers take and view images (such as photographs or video) for my care or identification. I understand and agree that some of these images may be retained while others are for real time monitoring only.

Teaching Institution: I understand that the University of Kentucky teaches and trains doctors, nurses and other health care providers (an academic medical center). Doctors in training (fellows, residents, interns, and housestaff), medical students and other medical trainees may be involved in my care with the appropriate supervision of my doctor.

Research: I understand that someone from the University of Kentucky may contact me in the future to ask me about my health or to take part in research.

ADVANCE DIRECTIVES: (Please check all statements that apply:)

- I have signed Advance Directives (living will, health care surrogate declaration) and request that these directives govern my course of care, as much as possible under the law. I understand that I must provide the Hospital with a copy of my Advance Directives and that those directives will not govern any course of my care until they have been filed in my medical record.
 - Advance Directives **attached**
 - Advance Directives **not attached.**
- I have not signed Advance Directives (living will, health care surrogate declaration), but I understand that I have the right to make decisions about my health care, including executing advanced directives.

FINANCIAL RESPONSIBILITY

Guarantee of Payment: I agree that I am responsible to the University of Kentucky and Kentucky Medical Services Foundation Inc. (KMSF) for charges resulting from services rendered at their prevailing rates. I agree that all bills are due in full upon demand. Should I fail to honor this agreement, I agree to pay any collection cost or attorney fees resulting from the collection of my accounts. Neither the University of Kentucky nor KMSF in enforcing any rights shall in any manner release me or any responsible party of liability. If the undersigned is more than one person, this obligation shall be joint and several. I agree that the University of Kentucky or KMSF is not a party to any disputed claim or peer-review, which affects payment of any claim filed on my behalf and that upon request for payment from the University of Kentucky or KMSF; I agree to pay any outstanding balance. If any legal action should be sought by the University of Kentucky or KMSF in connection with the collection of charges resulting from services rendered, I agree to be subject to (and hereby consent to) the jurisdiction and venue of any such action or proceeding in the courts within the County of Fayette, Commonwealth of Kentucky, and that I agree to waive any objection that I may have based on improper venue or inconvenient forum. For collection purposes, I authorize UK HealthCare and all of its entities and 3rd party agencies, to contact me on my cell phone or any other phone which I have provided as my contact information, or any number assigned to me that is available to the public, using methods which include pre-recorded/artificial voice messages or the use of automated dialer. Furthermore, I authorize UK HealthCare and all of its entities and 3rd party agencies, to communicate with me at the e-mail address provided or through text messaging.

Assignment of Benefits: I hereby assign all rights and privileges and authorize payment directly to the University of Kentucky and KMSF for any claim filed on my behalf or on behalf of the person for whom I am duly authorized to sign for insurance benefits. I agree this assignment is primary to any assignment given after this date including any cost relative to attorney fees. I also understand that I am financially responsible to the University of Kentucky and KMSF for charges not covered by this assignment or not paid on a timely basis by the insurance company.

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Certification: I certify that I have read and understand the consent and authorizations given above and that I am the patient or I am duly authorized by the patient to execute this document and accept its terms.

Rights and Responsibilities: I have received a copy of the Patient Rights and Responsibilities.

Advance Directives: I have received written information about Advanced Directives (Living Will).

NOTE: Interpretive services **must** be offered for preferred languages other than English.

Patient

Date / Time

Signature of Legal Representative and Relationship to Patient

Date / Time

Witness

Date / Time

Interpreter Name or ID#

In person or via Cyacom (circle one)

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Treatment with Controlled Substances

Federal and state laws regulate controlled substances (drugs) that may be abused. Kentucky law requires that you consent to treatment with these drugs before you can receive them. Some illnesses and injuries can result in pain. Some drugs can make the pain more tolerable. Some other drugs can increase focus and reduce hyperactivity. Use of these drugs can cause nausea, sleepiness, drowsiness, vomiting, constipation, sleeplessness, loss of appetite, agitation, aggravation of depression, dry mouth, confusion, slower breathing, and loss of coordination making it unsafe to drive or operate machinery. These drugs can result in physical dependence, meaning that abrupt stopping may lead to withdrawal symptoms, psychological dependence, meaning that stopping may cause you to crave the drug, tolerance, meaning you need more drugs to get the same effect and addiction, meaning you may develop problems based on genetic or other factors. You must tell your doctor if you are pregnant or are considering pregnancy.

Living Wills In Kentucky

A Living Will gives you a voice in decisions about your medical care when you are unconscious or too ill to communicate. As long as you are able to express your own decisions, your Living Will will not be used and you can accept or refuse any medical treatment. But if you become seriously ill, you may lose the ability to participate in decisions about your own treatment.

You have the right to make decisions about your medical care. No health care may be given to you over your objection, and necessary health care may not be stopped or withheld if you object.

The Kentucky Living Will Directive Act of 1994 was passed to ensure that citizens have the right to make decisions regarding their own medical care, including the right to accept or refuse treatment. This right to decide -- to say yes or no to proposed treatment -- applies to treatments that extend life, like a breathing machine or a feeding tube. In Kentucky a Living Will allows you to leave instructions in four critical areas. You can:

- 1 Designate a Health Care Surrogate
- 1 Refuse or request life prolonging treatment
- 1 Refuse or request artificial feeding or hydration (tube feeding)
- 1 Express your wishes regarding organ donation

Everyone age 18 or older can have a Living Will. The effectiveness of a Living Will is suspended during pregnancy.

It is not necessary that you have an attorney draw up your Living Will. Kentucky law (KRS 311.625) actually specified the form you should fill out. You probably should see an attorney if you make changes to the Living Will form. The law also prohibits relatives, heirs, health care providers or guardians from witnessing the Will. You may wish to use a Notary Public in lieu of witnesses.

The Living Will form includes two sections. The first section is the Health Care Surrogate section, which allows you to designate one or more persons, such as a family member or close friend, to make health care decisions for you if you lose the ability to decide for yourself. The second section is the Living Will section in which you may make your wishes known regarding life-prolonging treatment so your Health Care Surrogate or Doctor will know what you want them to do. You can also decide whether to donate any of your organs in the event of your death.

When choosing a surrogate, remember that the person you name will have the power to make important treatment decisions, even if other people close to you might urge a different decision. Choose the person best qualified to be your health care surrogate. Also, consider picking a back-up person, in case your first choice is not available when needed. Be sure to tell the person that you have named them a surrogate and make sure that the person understands what is most important to you. Your wishes should be laid out specifically in the Living Will.

If you decide to make a Living Will, be sure to talk about it with your family and your doctor. The conversation is just as important as the document.

A copy of any Living Will should be put in your medical records. Each time you are admitted for an overnight stay in a hospital or nursing home, you will be asked whether you have a Living Will. You are responsible for telling your hospital or nursing home that you have a Living Will.

If there is anything you do not understand regarding the form, you might want to discuss with an attorney. You can also ask your doctor to explain the medical issues. When completing the form, you may complete all of the form, or only the parts you want to use. You are not required by law to use these forms. Different forms, written the way you want, may also be used. You should consult with an attorney for advice on drafting your own forms.

You are not required to make a Living Will to receive health care or for any other reason. The decision to make a Living Will must be your own personal decision and should only be made after serious consideration.

While you are a patient at University of Kentucky Hospital or the UK HealthCare Good Samaritan Hospital, you may contact the Department of Patient & Family Services in room H149 or call (859) 323-5501 if you would like more information on advance directives.

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Section 1557 of the Affordable Care Act (ACA)

NOTICE OF NONDISCRIMINATION FOR UK HEALTHCARE PROGRAMS AND ACTIVITIES

The University of Kentucky complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The University of Kentucky does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

The health programs and activities of the University of Kentucky:

- 1 Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - o Qualified sign language interpreters
 - o Written information in other formats (large print, audio, accessible electronic formats)
- Provides free language services to people whose primary language is not English, such as:
 - o Qualified medical interpreters
 - o Information written in other languages

If you need these services, contact any employee of a UK health program or activity.

If you believe the University of Kentucky has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Martha Alexander, Section 1557 Coordinator, Executive Director and Title IX Coordinator
Office of Institutional Equity and Equal Opportunity
University of Kentucky
13 Main Building
Lexington, KY 40506-0032

Telephone: (859) 257-8927

Fax: (859) 323-3739

E-mail: martha.alexander@uky.edu

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, UK HealthCare Office of Patient Experience or Martha Alexander, Section 1557 Coordinator is available to help.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights' Complaint Portal, available at:

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

or by mail at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

Telephone number: 1-800-368-1019

(TDD) number: 1-800-537-7697

Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>

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YOUR RIGHT TO AN INTERPRETER

You have the right to an interpreter at no cost to you.



American Sign Language (ASL)

You have the right to an interpreter at no cost to you. Please point to this line. An interpreter will be called. Please wait.

ENGLISH

If you speak English, language assistance services, free of charge, are available to you.

SPANISH

Si usted habla español, tiene a su disposición servicios de asistencia con el idioma sin costo alguno.

CHINESE

如果您讲汉语普通话，则可以免费向您提供语言协助服务。

GERMAN

Wenn Sie deutsch sprechen, stehen Ihnen kostenlos Sprachhilfen zur Verfügung.

VIETNAMESE

Chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị, nếu quý vị nói tiếng Việt.

ARABIC

إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية مجاناً

SERBO-CROATIAN

Ukoliko govorite srpski, na raspolaganju su vam besplatne usluge jezične pomoći.

JAPANESE

日本語を話される場合には、無償の言語支援サービスがご利用いただけます。

FRENCH

Si votre langue est le français, des services d'assistance linguistiques sont mis gratuitement à votre disposition.

KOREAN

모국어가 한국어일 경우 무료 언어지원 서비스가 제공됩니다.

PENNSYLVANIA DUTCH

Wann du Deitsch schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch.

NEPALI

यदि तपाईं नेपाली बोल्नुहुन्छ भने, तपाईंले बिना कुनै शुल्क भाषा सहायता सेवाहरू प्राप्त गर्न सक्नुहुन्छ।

CLIMATE (OROMO)

Yoo qooqa Oromo dubbatta tahe, tajaajilli gargaarsaa, baasi (kaffaltii malee) siif jira.

RUSSIAN

Если ваш язык — русский, то вам могут быть предоставлены бесплатные услуги переводчика.

TAGALOG

Kung nagsasalita ka ng Tagalog, may magagamit kang mga serbisyo sa lengguahe na walang bayad.

BAWU (KIRUNDI)

Niba uvuga Ikirundi, hari servisi itishurwa yo gusobanura indimi.

Services available in 200+ languages.