

AUTHORIZATIONS AND RELEASES

- 1) **Authorization for Treatment:** I hereby authorize and consent to the administration and performance of all treatments (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/radiologist examination, medical treatment, hospital services or home care rendered for the patient) by the physician in charge of the above-named patient, or other physicians of the hospital's medical staff considered to be necessary or advisable. Further, I realize that among those who attend patients in this hospital are medical, nursing, and other health care personnel in training who, unless requested otherwise, may be present during patient care as part of their educational process and will be supervised.
- 2) **Consent for Emergency Treatment:** If I believe that I am suffering from an emergency medical condition, I know this condition entitles me to an appropriate medical screening and treatment necessary to stabilize my condition. I therefore authorize the Hospital to provide an appropriate medical screening evaluation and treatment, to be performed by or under the supervision of a physician or his/her aide. It has been explained to me that the diagnostic treatment procedures, which my emergency medical condition legally entitles me, are limited and will include a medical screening examination. It may be necessary for me to select another physician and obtain from him/her a complete diagnosis of my condition and such continued treatment as he/she may prescribe.
- 3) **Authorization for Release of Medical Information:**
 - Jamestown Regional Medical Center is authorized to release medical information to the primary care physician and any other physician(s) responsible for follow-up care.
 - Jamestown Regional Medical Center is authorized to release or obtain information necessary to determine benefits, conduct Utilization Review, and file the claim to the insurance company(s) that I have disclosed. Medical records may be released by H.I.M. at the request of the insurance company in order to process and provide reimbursement for the account.
 - Medicare and ND Medicaid records are subject to review by NDHCRI with review results directed to the hospital/physician and/or the patient.
 - Jamestown Regional Medical Center is authorized to release medical information to accrediting and surveying bodies.
 - Jamestown Regional Medical Center is authorized to release medical information, provided all identifiable data is removed prior to review, for purposes of the evaluation of health care personnel in training.
 - I acknowledge that patient medical records at the Hospital may be stored electronically and made available through computer networks to Hospital personnel, as well as physicians involved in my care and their offices. This will assist my physician and other caregivers in reviewing past treatment as it may affect my condition and treatment at that time.
 - I authorize the release of my social security number in accordance with federal law and regulation to the manufacturer of any medical device I may receive.
- 4) **Medicare - Patient's Certification, Authorization to Release Information and Payment:** I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration and/or the Medicare Program or intermediaries or carriers or to the Professional Standards Review Organization any information needed for this or a related Medicare claim. I request that payment of authorized benefits be made on my behalf.
- 5) **Assignment of Benefits:** This assignment of benefits allows the Hospital and/or hospital-based physician to be paid directly to my health insurance carrier or other health benefit plan for the services the Hospital and/or hospital-based physician provide to me, my minor child, or other person entitled to health care benefits for this admission. In return for the services rendered and to be rendered by the Hospital and/or hospital based physicians, I hereby irrevocably assign and transfer to the Hospital and/or hospital based physicians all rights, title and interest in all benefits payable for the health care rendered, which are provided in any and all insurance policies and health benefit plans from which my dependents or I are entitled to recover. This assignment and transfer shall be for the purpose of granting the Hospital and/or hospital base physicians an independent right of recovery against my insurer or health benefit plan, but shall not be construed as an obligation of the Hospital and/or hospital based physicians to pursue any such right of recovery. I have read and been given the opportunity to ask questions about this agreement of benefits, and I have signed this document freely and without inducement, other than the rendition of services by the Hospital and hospital based physicians. I understand that I may receive separate bills for various physician charges, including Radiology, Pathology, and/or Emergency Room Service.
- 6) **Financial Agreement:** If I am the patient, or an individual legally obligated to pay for medical services for the patient, I hereby agree to pay Jamestown Regional Medical Center and any physician participating in the

