

TIFT REGIONAL MEDICAL CENTER

In consideration of medical services and treatment which may be provided to Patient by the Hospital Authority of Tift County, Georgia d/b/a Tift Regional Medical Center (hereinafter "Hospital") and physicians on the medical staff, emergency room physicians, Tifton Pathological Services, PC., and South Georgia Radiology Associates, LLC (hereinafter "Physician(s)"), Patient does hereby agree and consent as follows:

1. CONSENT AND TREATMENT AUTHORIZATION

Patient (or the undersigned representative acting on behalf of Patient), hereby consents to and authorizes the administration of such tests, examinations, medical or surgical treatments, including those involving anesthetics, which in the opinion of the Physician(s) may be necessary or appropriate. Patient also consents to admission to the Hospital if deemed necessary and appropriate. Patient agrees that Hospital may dispose of any tissue or body parts removed in the course of any surgical or medical procedure that may be performed.

In the event that the Hospital or Physician(s) determine that blood specimens should be provided by Patient in order to protect the health or safety of those with whom Patient may come in contact, Patient does hereby consent to such blood withdrawal and to the testing thereof, as well as to the release of test information where this is deemed appropriate for the safety of others.

2. RELEASE FROM RESPONSIBILITY FOR PERSONAL EFFECTS

Patient understands and agrees that the Hospital is not liable for loss or damage to Patient's personal property (including, but not limited to, hearing aids, dentures, prosthesis, jewelry, or money) unless it is accepted by the Hospital for safekeeping. Patient hereby releases the Hospital from any responsibility relating to the loss or damage of Patient's personal property which is not actually delivered to and accepted by Hospital for safekeeping.

3. AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Patient authorizes the Hospital and the Physician(s) to release any information, including all medical information and records, financial information and other information, including, but not limited to, test results, lab reports, psychological or psychiatric conditions, drug abuse or addiction information, alcoholism information, and information regarding infectious or communicable diseases, including HIV or AIDS testing and infection information for purposes of treatment, payment, and health care operations. Third parties to whom/which Patient's information may be released include, but are not limited to: treating providers, insurance companies, governmental agencies, health plans, and other third party benefit providers.

4. PAYMENT OF INSURANCE BENEFITS AND RIGHT TO APPEAL

Patient constitutes and appoints as Patient's attorney-in-fact, to act in the Patient's name, place and stead: (a) the Hospital Authority of Tift County, Georgia d/b/a Tift Regional Medical Center, and/or (b) Physician(s) to make application with any third-party source which might provide benefits for the payment of Patient's Hospital or Physician(s) bill, or any portions thereof. Patient further authorizes the payment from any third-party source to be made directly to the Hospital to be applied toward the Patient's Hospital bill, or any portion thereof, and/or directly to Physician(s) to be applied toward Patient's Physician(s) bill, or any portion thereof. Patient hereby authorizes and appoints as Patient's attorney-in-fact the Hospital, Physician(s), and/or any of their agents, representatives, and contractors to appeal the denial of any claim for payment and take such steps as they deem necessary to appeal the denial of any claim, including but not limited to: submitting the appeal, receiving appeal-related information, submitting medical information and corrected claims, communicating with the third party payer or claims reviewer, receiving notice in connection with the appeal, and fully participating in the appeals process until a final determination is reached. Patient understands and agrees that this authorization is intended to give the Hospital, Physician(s) and/or any of their agents, representatives,

TIFT REGIONAL MEDICAL CENTER

Consent to Medical Treatment and Hospital Admission

and contractors full and complete authority to appeal a denial of a claim for payment, including but not limited to any claim for benefits that Patient may have under any government payer program, including Medicare, Medicaid, and TriCare. In the event Hospital or Physician(s) desire to appeal a denied claim, Patient agrees to fully cooperate during the entire appeals process by, among other things, completing and executing any additional documents or appointments necessary to allow Hospital and/or Physician(s) to pursue the appeal.

Patient agrees and understands that notwithstanding any appointment or authorization granted under this Section 4, Hospital shall not be obligated to exercise or pursue any interest, privilege, right, or remedy that may be available to Patient. Patient is responsible for providing all insurance coverage and benefits information at the time of admission.

5. PATIENT CONTACT

Patient understands and agrees that the Hospital and Physician(s), and their affiliates, agents, and business associates, may contact Patient at any telephone number provided to Hospital or Physician(s), including any residential or wireless telephone number. Patient authorizes Hospital and Physician(s), and their agents, affiliates, and business associates, to make calls and/or send emails and/or text messages to Patient through the use of pre-recorded or artificial voice messages and/or automatic telephone dialing systems. Patient specifically authorizes Hospital and Physician(s), as well as their agents, affiliates, and business associates, to make calls to any wireless telephone number and/or other number for which the Patient may be charged.

6. PAYMENT FOR SERVICES

In consideration of the services to be supplied by the Hospital and Physician(s), the Patient agrees that Patient shall be personally obligated to pay all applicable charges associated with the services rendered, including deductibles and co-payments. Patient agrees to pay all fees, charges, and expenses, including reasonable attorneys' fees and court costs, associated with efforts to collect Patient's account. Patient acknowledges that the Hospital may sell or assign Patient's account to a third party.

Patient authorizes the Hospital, and its agents, affiliates and business associates, to obtain consumer reports containing Patient's personal data from credit reporting sources for collection purposes. Patient agrees to provide such additional information as is necessary for Hospital, Physician(s), and their agents, affiliates, and business associates, to obtain consumer reports relating to Patient.

7. AUTHORIZATION FOR RELEASE OF ACCIDENT INFORMATION

Patient authorizes any city, county or agency to release to the Hospital and Physician(s) copies of any and all accident or incident reports and statements concerning any accident or incident in which Patient was injured and required treatment in the Hospital.

8. RELEASE FOR LEAVING WITHOUT TREATMENT OR AGAINST MEDICAL ADVICE

Patient understands and acknowledges that leaving the Hospital without receiving treatment and/or against the advice of a physician or other provider may constitute a serious risk to the Patient's life, health, or safety. In the event Patient leaves the Hospital without treatment or against medical advice, Patient assumes the risks and consequences of such actions and hereby releases the Hospital and Physician(s) from any and all responsibility or liability for any adverse effects which may result from such actions.

TIFT REGIONAL MEDICAL CENTER

Consent to Medical Treatment and Hospital Admission

9. IMPORTANT NOTICE REGARDING INDEPENDENT CONTRACTORS

PATIENT UNDERSTANDS AND ACKNOWLEDGES THAT SOME OR ALL OF THE HEALTH CARE PROFESSIONALS PERFORMING SERVICES IN THE HOSPITAL ARE INDEPENDENT CONTRACTORS AND ARE NOT HOSPITAL AGENTS OR EMPLOYEES. INDEPENDENT CONTRACTORS ARE RESPONSIBLE FOR THEIR OWN ACTIONS AND THE HOSPITAL SHALL NOT BE LIABLE FOR THE ACTS OR OMISSIONS OF ANY SUCH INDEPENDENT CONTRACTORS.

10. RISKS OF TREATMENT

Patient is aware that the practice of medicine is not an exact science and acknowledges that no guaranties have been made to Patient concerning the results of examinations, tests, or medical and surgical treatment or care in the Hospital. Patient acknowledges that certain risks may be associated with the patient's care and treatment, and that these include, but are not limited to: infection, blood clots, hemorrhage, nerve damage, paralysis, blood loss, loss of limb, radiation exposure, scarring, disfigurement, perforation, puncture, allergic reactions, and even death.

Patient is aware that the following may be part of Patient's care and treatment at the Hospital:

(1) **Needle Sticks**, such as shots, injections, intravenous lines, intravenous injections, and pricks to draw blood. Material risks associated with needle sticks, include, but are not limited to, nerve damages, infections, infiltration (i.e. the leaking of fluid into surrounding tissue), disfiguring, scarring, loss of limb functions, paralysis and partial paralysis, and death.

(2) **Administration of Medication**, which may be done orally, rectally, topically, or through IV, eye, ear, or nose. Material risks associated with the use and administration of medication include, but are not limited to, allergic reaction, brain damage, or death.

(3) **Physical Test, Assessment, and Treatments**, such as vital signs, internal body examinations, wound cleansing, wound dressing, range of motion checks and other similar procedures. Material risks associated with these types of procedures include, but are not limited to, allergic reactions, infection, severe loss of blood, muscular-skeletal or internal injuries, nerve damage, loss of limb function, paralysis or partial paralysis, scarring, and disfiguring.

(4) **Drawing Blood, Bodily Fluids, or Tissue Samples**, such as that done for laboratory testing and analysis. The material risks associated with these types of procedures include, but are not limited to, paralysis, partial paralysis, nerve damage, infection, bleeding and loss of limb function.

(5) **Insertion of Internal Tubes**, such as bladder catheterization, nasogastric tubes, rectal tubes, drainage tubes, and enemas. The material risks associated with these types of procedures include internal injuries, bleeding, infection, allergic reaction, loss of bladder control and difficulty urinating.

(6) **Radiological Studies**, such as X-rays, CT scans, and MRI scans. Material risks associated with these types of procedures include, but are not limited to, radiation exposure.

11. STUDENT PARTICIATION AND OBSERVATION

Patient understands and agrees that the Hospital may permit medical, nursing, and other students in health care related fields to participate in and observe care and treatment provided to its patients and that doing so is necessary for teaching purposes. Patient authorizes supervised students to observe and participate in any care or procedure deemed a part of the education process.

12. RECEIPT OF PRIVACY PRACTICES AND RIGHTS AND RESPONSIBILITIES

Patient acknowledges and agrees that Patient has received a copy of the Tift Regional Health System Notice of Patient Rights and Responsibilities and Notice of Privacy Practices.

TIFT REGIONAL MEDICAL CENTER
Consent to Medical Treatment and Hospital Admission

13. MEDICARE BENEFICIARIES

Patient agrees and acknowledges that if Patient is a Medicare beneficiary admitted for inpatient services, Patient has received the "Important Message from Medicare" regarding Patient's rights as a hospital inpatient.

14. PHYSICIAN'S ASSISTANTS AND MID-LEVEL PROVIDERS

Patient agrees and acknowledges that certain physician's assistants, nurse practitioners, and other mid-level providers are authorized to provide care, treatment, and services at the Hospital.

15. PATIENT UNDERSTANDING OF CONSENT

Patient hereby certifies by the execution of this document that he/she has read this Consent to Medical Treatment and Hospital Admission and understands its contents. Patient further certifies that he/she is legally authorized to execute this Consent to Medical Treatment and Hospital Admission.

PRINTED NAME OF PATIENT

SIGNATURE PATIENT/REPRESENTATIVE

REPRESENTATIVE RELATIONSHIP TO PATIENT

{if applicable}

DATE

TIME

Patient is unable to sign written consent for initial treatment but gives verbal consent

Patient is unable to sign or give verbal consent.

WITNESS _____

DATE

TIME

NOTICE OF NONDISCRIMINATION

Health care facilities and clinics owned and operated by the Hospital Authority of Tift County, Georgia, including but not limited to Tift Regional Medical Center, Cook Medical Center, a campus of Tift Regional Medical Center, Cook Senior Living Center, WorkSmart, Affinity Clinic, and the facility or clinic in which this Notice is posted (collectively the "Tift Regional Health System" or "TRHS"), comply with applicable Federal civil rights laws, and do not exclude, deny benefits to, or otherwise discriminate against any person on the basis of any of the following in admission to, participation in, or receipt of the services and benefits under any programs and activities, whether carried out by TRHS directly or through a contractor or any other entity with which TRHS arranges to carry out its programs and activities: race, color, national origin, disability, age, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, creed, sexual orientation, national origin, gender identity or expression, or payment source.

TRHS Facilities:

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

If you need these services or in case of questions, please contact Kathy Alberson, TRHS Section 504 Coordinator, Section 1557 Coordinator and Risk Manager: Telephone Number: (229) 353- 7553; State Relay Service: (866) 694-5824.

If you believe that TRHS Facilities have 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: Kathy Alberson, TRHS Facilities Risk Manager, 901 East 18th Street, Tifton, GA 31794, (229-353-7553), [TTY: 1-800-228-4992, Fax: 229-353-6595, E-Mail: kathy.alberson@tiftregional.com]. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Kathy Alberson, TRHS Facilities Risk Manager, is available to help you. 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 or phone at: U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 1-800-368-1019, 800-537-7697 (TDD) Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This statement is in accordance with the provisions of: Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973; the Age Discrimination Act of 1975; § 1557 of the Affordable Care Act; Regulations of the U.S. Department of Health and Human Services issued pursuant to these statutes at Title 45 CFR Parts 80, 84, 91, and 92; and The Joint Commission Hospital Accreditation Standards.

SPANISH

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-229-353-5000 (TTY: 1-800-228-4992).

VIETNAMESE

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-229-353-5000 (TTY: 1-800-228-4992).

KOREAN

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-229-353-5000 (TTY: 1-800-228-4992)번으로 전화해 주십시오.

CHINESE

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-229-353-5000 (TTY: 1-800-228-4992)。

GUJARATI

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-229-353-5000 (TTY: 1-800-228-4992).

FRENCH

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-229-353-5000 (ATS : 1-800-228-4992).

AMHARIC

ማስታወሻ: የግንኙነት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ፡ 1-229-353-5000 (መስማት ለተሳናቸው፡ 1-800-228-4992)።

HINDI

ए्यान दः यद आप हदी बोलत ह तबे आपक िलए मरत म भाषा सहायत सवाए उपलब् ह। 1-229-353-5000 (TTY: 1-800-228-4992) पर कॉल करा।

FRENCH CREOLE (Haitian Creole)

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-229-353-5000 (TTY: 1-800-228-4992).

RUSSIAN

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-229-353-5000 (телетайп: 1-800-228-4992).

ARABIC

تحدثت ركذا غللا، لبف تامدخ دداسملا وغللاية رفاوتت كل لاجملاب. لصفا مقرب 1-229-353-5000 (مقر ففاه مصلا مكبللو: 1-800-228-4992). ففولوجم: اذا تنك

PORTUGUESE

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-229-353-5000 (TTY: 1-800-228-4992).

PERSIAN

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با تماس بگیرید. 1-229-353-5000 (TTY: 1-800-228-4992)

GERMAN

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-229-353-5000 (TTY: 1-800-228-4992).

JAPANESE

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-229-353-5000 (TTY:1-800-228-4992) まで、お電話にてご連絡ください。