



EFFINGHAM HEALTH SYSTEM®

Effingham Health System is a Tobacco Free facility. The use of any tobacco products, e cigarettes or vaping equipment is prohibited on all properties, including parking areas, owned or occupied by Effingham Health System.

Consent for Medical Treatment

_____: Initial I hereby voluntarily consent to treatment at this office and authorize examinations, diagnostic procedures, and treatments including but not limited to the use of x-rays, lab specimens, medications, anesthesia, and surgical procedures, as may be ordered by the physician(s) on duty.

Release of Information

_____: Initial I hereby authorize payment of the hospital benefits otherwise payable to me and applicable only to unpaid charges, for this visit directly to this office. I give my permission of this office to release medical information for insurance purposes.

Patient Responsibility

_____: Initial I understand that Effingham Physician Practices will file my insurance as a courtesy, but it is my responsibility to understand my insurance coverage. I understand that I will be responsible for any charges my insurance will not cover.

Consent to be photographed

_____: Initial I understand that photographs or other images may be recorded to document my care, and I consent to this. Effingham Health System will retain the ownership rights to these images. Images will be stored in a secure manner in my medical record. Images that identify me may be used at Effingham Health System only for purposes of treatment, payment or healthcare operations and will not be released and/or used outside the organization for any purpose unless authorized by me or my legal representative.

Prescription (Rx) History Consent

_____: Initial I authorize Effingham Physician Practices to access my prescription history in order to perform accurate medication reconciliation.

Patient's Rights And Responsibilities

I acknowledge that I have been offered a copy of the **PATIENT'S RIGHTS AND RESPONSIBILITIES**, which details my rights as a patient at Effingham Health System (EHS).

Effingham Health System is committed to providing and supporting healthcare excellence to the citizens we serve. Our commitment to patients is reflected in our willingness to provide patient care and services and not be influenced by age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, gender identity or expression. Any person who needs emergency treatment at our facility will be treated in accordance with the Emergency Medical Treatment and Labor Act (EMTALA) and be discharged and referred without discrimination."

Let it be known that in any instance Effingham Health System is mentioned, **all** departments and locations of the Health System are included.

Date/Time

Signature

Patient's Printed Name

Relationship: _____

Witness: _____

(Must be signed by Patient or Relative when photograph(s) are obtained)