GENERAL CONSENT FOR TREATMENT

GENERAL CONSENT TO TREATMENT: I consent to and authorize testing, treatment and outpatient and/or hospital care by TriHealth, Inc., an integrated healthcare network that includes Bethesda Hospital and its related facilities, Good Samaritan Hospital and its related facilities, TriHealth Hospital and its related facilities, McCullough Hyde Memorial Hospital, and TriHealth Physician Practices. I understand the practice of medicine is not an exact science and acknowledge no guarantee has been made to me regarding the treatment I am to receive. Care this consent covers could include, but is not limited to physical examinations, administration of medications and vaccinations, diagnostic treatment, X-rays or other imaging techniques, blood draws, laboratory tests, and other minor tests, treatments or procedures intended to be encompassed within this general consent. I understand if I am a recurring patient, this consent applies until the completion of my treatment plan. I consent to the statements made in this form. Changes or alterations to this form are not binding on TriHealth, Inc.

CONSENT TO TELEMEDICINE: I consent to part or all of my care being provided through telemedicine, which allows providers at different locations to examine me and make a treatment plan through electronic or other means of communication. I understand the risk of providers treating me from remote locations and that, at any time, I can ask for clarification or further explanation of the type of care that will be provided via telemedicine, as well as the benefits and risks of conducting medicine through remote technology.

TEACHING FACILITIES: I understand that many TriHealth, Inc. locations are teaching facilities persons in professional training programs, including but not limited to, medicine and nursing, will participate with or assist my provider in the performance of medical, surgical, or diagnostic procedures/treatment.

INDEPENDENT PROVIDERS: I understand that some providers who provide services to me at TriHealth, Inc. are not employees or agents of TriHealth, Inc., including but not limited to radiologists, emergency department providers, neonatologists, pathologists, anesthesia providers, representatives from medical device or supply companies, some telemedicine providers, and some psychiatrists. I understand I will be billed separately by these individual providers for services they provide. TriHealth, Inc. is not responsible for the acts or omissions of providers that are not employed, directed, or controlled by TriHealth, Inc.

USES AND DISCLOSURES OF HEALTH INFORMATION: I acknowledge that my medical records may be kept or reviewed at locations within TriHealth, Inc. other than the facility(ies) where I am receiving care. I understand that medical or other information acquired in the past by any TriHealth, Inc. provider and any information relating to the care provided at a TriHealth, Inc. facility may be used or disclosed, from time to time, to any other provider(s) for treatment, payment or healthcare operations purposes.

Electronic Prescriptions I consent to TriHealth, Inc. transmitting my prescriptions electronically ("e-prescribing") to the pharmacy designated as my primary pharmacy provider. TriHealth, Inc. may request and obtain the history of all my past prescription/s from other health care providers and/or third party pharmacy benefit payors. I understand that such information will become part of my TriHealth medical record.

Warn Authorities I understand that TriHealth, Inc. will warn the appropriate authorities if a healthcare provider practicing at TriHealth, Inc. determines that I may be a harm to myself or to others.

Recordings and Photography I understand that TriHealth, Inc. has the right and authority to photograph and/or record me, my image and voice, including but not limited to recordings and/or photographs for clinical reasons.

Telephone Calls and Text Messages I understand that TriHealth, Inc. may make telephone calls or text messages to any and all telephone numbers provided to TriHealth, Inc. unless I notify TriHealth, Inc. in writing to use other means to communicate with me. Such telephone calls and text messages may be delivered using live, artificial, prerecorded voices, automatic telephone dialing systems, or any other computer-aided technologies from TriHealth, Inc. or its business associates, including any billing services, collection agencies, agents, or other third parties who may act on their behalf. Such calls and text messages may be related to any purpose, including appointment reminders, billing and payment.

HIV TESTING: Ohio law permits a healthcare provider to exercise professional judgment and perform an HIV test without obtaining additional consent, if the healthcare provider determines that the test is necessary to provide diagnosis and treatment. Individuals have the right to an anonymous HIV test, however, healthcare facilities are not required to offer anonymous testing. TriHealth does not provide anonymous HIV testing. A healthcare facility or healthcare provider that does not provide anonymous testing must refer an individual requesting an anonymous test to a site where anonymous testing is available. By signing below, I am waiving my right to receive a referral to a site where anonymous testing is available. I understand that any HIV test ordered within TriHealth will not be performed anonymously. My identity and test results will be maintained in my medical record and treating healthcare providers may have knowledge of the results.

PERSONAL PROPERTY: I understand TriHealth, Inc. is not responsible for lost or damaged personal property and release TriHealth, Inc. from all liability for the loss, theft of, or damage to my personal property unless I place it in a TriHealth safe provided by TriHealth Security. I acknowledge that not all TriHealth locations have a safe available and that I remain responsible for personal property at those locations under all circumstances.

ONLY APPLICABLE TO MOTHER/NEWBORN: I understand that if I am pregnant this consent also applies to the care, records, and accounts generated for my newborn prior to discharge.

ONLY APPLICABLE TO TRIHEALTH HOSPITALS: I understand that I have the right to a Medical Screening Examination, regardless of my age, race, religion, gender, culture, insurance or ability to pay. I acknowledge and understand the importance of waiting for this examination and that failing to wait for this examination may endanger my health or result in my death.

The above has been fully explained to me, including the paragraph regarding physicians' relationship with TriHealth, Inc. and I certify that I understand its contents.

Claim Payment Authorization

TriHealth, Inc., its subsidiaries, and some of the physicians providing services to you will initiate payment of your claims for benefits. In order to do this, it is necessary for all responsible parties to give TriHealth, Inc., its subsidiaries, and these physicians certain rights and permission. All patients are responsible to have knowledge of their insurance requirements and to convey the applicable requirements to TriHealth, Inc., its subsidiaries and their physicians.

I (as patient or as agent of the patient) hereby assign and transfer all rights of third party payor benefits for services rendered to me to TriHealth, Inc., its subsidiaries and/or physician(s), and authorize any insurance or third party payments to be made directly to TriHealth, Inc., its subsidiaries and/or the physician(s).

I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act, or under the terms of any other third-party payor is correct. I request that payment of authorized benefits be made on my behalf pursuant to the above assignment. I assign the benefits payable for covered Medicare services and any other services to the physician(s) or organizations furnishing the services and authorize such physician(s) and/or organization(s) to submit a claim to the Centers for Medicare or Medicaid Services, State Medicaid Programs or any other governmental or commercial insurance or third party payor for payment and/or to appeal any denials of payment. Any assignment of Medicare benefits is limited to the Medicare allowed charge for physician services or to an amount not to exceed the hospital's regular charges.

I authorize TriHealth to release the medical information necessary to process my claims.

I understand that in consideration of the services to be rendered, I may be responsible for payment for any services not covered by third party payors and I will pay any and all charges due and owing TriHealth, Inc., its subsidiaries, and/or any physician(s) in accordance with their regular rates, terms and policies.

I understand that, if I am a recurring patient, the above authorization applies to all accounts generated and services rendered during and through the completion of my treatment plan.

I understand that if I am pregnant and delivering my baby at a TriHealth facility the above consent and authorization also applies for my baby and all records and accounts generated and services rendered during and through the completion of my baby's treatment plan.

Pursuant to Section 3727.42 of the Ohio Revised Code, you are entitled, upon request, to a copy of the Hospital's price information list which contains the usual and customary charges for room and board and the usual and customary charges for a select number of x-ray, laboratory, emergency room, operating room, delivery room, physical therapy, occupational therapy and respiratory therapy services. Call a TriHealth Financial Counselor at 513-282-7055 if you would like to obtain a copy of the Hospital's price information list.