



## PATIENT CONDITIONS OF ADMISSION AND TREATMENT

**1. CONSENT FOR TREATMENT.** You consent to health care, including imaging, laboratory procedures, anesthesia, medical, surgical, diagnostic, and/or psychological treatment, by UUH, its physicians, nurses, and staff, as directed by your treating practitioner, or consultants selected by that practitioner. Your care may involve technology-based interactions, inter-professional consultations, or other services not requiring your physical presence with a treating provider. Medical, nursing, and other health care students may be present and assist with your care. UUH may contact you about opportunities to participate in research. You understand that the practice of medicine is not an exact science and that diagnosis and treatment may involve risk of injury. You acknowledge that no one has made any guarantee to you about the result of treatment or examination by UUH. UUH may use photography or video of patient care for quality assurance or educational purposes consistent with applicable privacy laws.

**2. FINANCIAL AGREEMENT.** You are responsible for payment in full for your UUH bill, with payment due upon your receipt of the bill. As permitted by Utah law, UUH may pursue both parents of minor children for payment of a minor child's medical bills. You agree to pay to UUH your portion of charges regardless of any nonpayment from the other parent. If payment is submitted to UUH with a restriction, such as a check written as "payment in full," for less than the full amount owing, you must mail such payment to 127 South 500 East, Salt Lake City, Utah 84102; otherwise such restriction on payment will be void. Utah law will govern any dispute related to the collection of debt and you agree that any dispute or lawsuit related to your treatment or payment will be heard in Salt Lake City, Utah. Under Utah Code Section 12-1-11, you are responsible for interest and collection fees on any delinquent accounts, including court costs and attorney fees; however, if you are eligible for a full reduction of your account balance(s) pursuant to UUH's Financial Assistance Policy, you will not be asked to pay attorney fees, collection fees, or court costs. You authorize UUH and its collection agents to call you or text you at any number you provide or at any number which UUH reasonably believes is valid, including your mobile device, for any lawful purpose including scheduling reminders and collection of payment. Such calls may be placed via an operator or autodialed prerecorded and/or artificial voice message. You agree to pay any fee(s) or charge(s) that you may incur for incoming contact from UUH, and/or outgoing contact to UUH, to or from any such number, without reimbursement from UUH. If you are a temporary caregiver for the patient (such as a nanny, youth leader, foster parent, or certain law enforcement agencies), or if you are serving as a sperm, egg, or organ donor, you may not be financially responsible for the health care provided by UUH.

**3. INSURANCE APPLICATION AND ASSIGNMENT OF BENEFITS.** You authorize UUH to apply, on your behalf, to Medicaid, Medicare, or any health care insurer or benefit program for payment for UUH's health care services. You confirm that the information you have provided to allow UUH to apply for payment by any health care insurance or benefit program is correct. You authorize any insurance, health plan, statutory benefits, settlements, and judgments to which you are entitled in connection with your UUH health care services to be paid directly to UUH. In consideration of the health care services provided, you irrevocably assign to UUH all rights you have in your insurance, health plan, statutory benefits, settlements, and judgments, as necessary for payment for your UUH health care services. You agree that you are financially responsible for charges that are not covered by this assignment, and that you are responsible for satisfying any conditions necessary for insurance or health benefits. Where applicable and where otherwise not prohibited by law, you agree to assign to UUH your ERISA benefit.

**4. GOVERNMENTAL IMMUNITY.** All claims for negligence, and other claims against UUH and its employees, including physicians, nurses, technicians, and students, may be governed by the provisions of the Governmental Immunity Act of Utah, Utah Code Section 63G-7-101 *et seq.*, as amended, a special law restricting how and when a claim must be presented and limitations on the amount recovered.

**5. USE AND DISCLOSURE OF INFORMATION.** UUH may use and disclose your protected health information as permitted or required by the Health Insurance Portability and Accountability Act (HIPAA) and other applicable information privacy laws. For detailed information, please view our Notice of Privacy Practices which can be found at [www.privacy.utah.edu](http://www.privacy.utah.edu).





**6. DISPOSITION OF BIOSPECIMENS.** Any tissues, body fluids, hardware or other biospecimens removed while you are under the care of UUH become the property of UUH. UUH will determine the proper disposition of any biospecimens pursuant to applicable law.

**7. PERSONAL VALUABLES.** UUH has a safe to store valuables. UUH is not liable for the loss of or damage to any personal property unless you store those articles in the safe. UUH will dispose of any items, according to state law, if not retrieved from the safe within thirty days of your discharge.

**8. GOOD FAITH COOPERATION.** You agree to avoid conduct that may injure patients, visitors, or staff or threaten the safety or orderly operation of UUH, and to cooperate and comply with this Agreement and UUH policies. If you fail to leave when discharged or directed to do so by a physician or UUH officer, you will be subject to lawful remedies. UUH has the discretion to assign private or semi-private rooms based on patient census need.

**9. NON-DISCRIMINATION.** UUH does not exclude, deny benefits to, or otherwise discriminate against any person on the ground of race, color, national origin, religion, sex, sexual orientation, gender identity/expression, genetic information, protected veteran status, or on the basis of disability or age in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by UUH directly or through a contractor or agent. For further information about this policy, contact the University's ADA/Section 504 Coordinator at: Director, Office of Equal Opportunity and Affirmative Action, (801) 581-8365 (Voice/TTY), (801) 585-5746 (Fax), or through *Relay Utah* at 711 or toll free: (800) 735-2258 or *Spanish Relay Utah* at: (888) 346-3162.

BY SIGNING, YOU INDICATE THAT YOU UNDERSTAND AND AGREE TO THESE TERMS, THAT YOU HAVE RECEIVED A COPY OF THIS DOCUMENT, AND THAT YOU ARE THE PATIENT, GUARANTOR, THE PATIENT'S LEGAL REPRESENTATIVE, OR LEGALLY AUTHORIZED TO SIGN THIS AGREEMENT AND ACCEPT THESE TERMS.

Patient's Signature or (Signature of Legally Authorized Person) \_\_\_\_\_

Printed Name of Patient or (Name of Legally Authorized Person) \_\_\_\_\_

Signature of Witness to patient's signature: \_\_\_\_\_

Consent obtained by telephone \_\_\_\_\_ (Witness initial if yes)

**Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20 Time: \_\_\_\_\_**

