



# Rutland Women's Healthcare

A Department of Rutland Regional Medical Center

## GENERAL CONSENT FOR PRENATAL TREATMENT OF A MINOR, PATIENT WITH GUARDIAN, OR PATIENT WITH HEALTHCARE AGENT FOR DURATION OF PREGNANCY

I \_\_\_\_\_, as the ( Circle one: parent, legal guardian, healthcare agent) of Patient \_\_\_\_\_ Date of Birth \_\_\_\_\_, am providing written consent for the patient to receive prenatal care at Rutland Women's Healthcare and Rutland Regional Medical Center for the duration of her pregnancy.

I understand that this form does not apply to any Emergency Department visits or inpatient admissions.

I also understand that I may need to be contacted in the event that Informed Consent is required, or if I can provide any additional information. My contact number is \_\_\_\_\_.

The patient may be accompanied by \_\_\_\_\_ and I also give permission for RRMC staff to share information with them.

By signing this consent, I acknowledge that I have read and agree to the terms specified on page 2 of this form.

This consent may be revoked in writing at any time.

Signature of Parent, Guardian or Agent:	Date/Time:
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Signature of Witness:	Date/Time:
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Patient Label
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- A. **General Consent for care and treatment:** I authorize and give my consent to Rutland Regional Medical Center ("RRMC") their agents, employees, medical staff members, the independent medical contractors providing medical services at RRMC (including but not limited to Rutland Radiologists, Inc., Envision Physician Services Health Care and their agents and employees) and all medical personnel, including but not limited to physicians, nurses, technicians, and Health Care staff and providers at RRMC (all of the aforementioned herein collectively referred to as RRMC Health Care Providers) for all examinations, diagnostic procedures, surgical procedures, care and treatment, including radiology, anesthesia, and testing prescribed for me. I further acknowledge that no representations, assurances, or guarantees have been made to me regarding the effects or results of my examination, evaluation, care and/or treatment to be rendered to me.
- B. **Authorization for billing for services:** I authorize my insurance company to make all payments for covered services directly to RRMC/, my physician and RRMC Health Care Providers for the services billed by them and hereby assign my rights to such insurance company payments to them. I understand that I am financially responsible, to the extent permitted by my health plan, for charges not covered by my insurance.
- C. **Authorization for Health Care students:** For the purpose of advancing medical education, I authorize the attendance of Health Care students participating in RRMC programs.
- D. **Authorization for specimens:** I authorize RRMC Health Care Providers to examine, retain, and preserve or dispose of any tissues or specimens removed from my body.
- E. **The following pertains to patients in the Emergency Department:** I agree that I have been informed and made aware of the communication board in the Emergency Department where my last name will be listed so that the Emergency Department staff may follow my care. I understand that this communication board may be in public view of those using the services of the Emergency Department. I give you permission to write or display my last name on the communication board.
- F. **Authorization for use and disclosure of Protected Health Information:** I authorize and give consent to RRMC Health Care Providers involved in my care, to access, use and disclose among themselves and others my Protected Health Information for my care and treatment and disclose it to my insurance carriers and others for payment for my care and treatment. I consent to the disclosure of my prescription medication information by any provider, mental health provider, pharmacy, insurer or prescription benefits manager, specifically including any state or federal health benefits program, to RRMC Health Care Providers for the purpose of my treatment. This consent is subject to my revocation at any time except to the extent it has already been acted on.
- G. **Authorization pertaining to prescriptions:** I authorize RRMC Health Care Providers to electronically forward my discharge medication prescriptions to the pharmacy I designate.
- H. **The following pertains to post hospital services:** I acknowledge and agree that if my condition requires post-hospital services that I have the right to participate in discharge planning and have the right to choose among available post-discharge providers. Further, when it is no longer medically necessary for me to remain in RRMC, I am obligated to either accept one of the available post-discharge providers or arrange for my own post-discharge care. In the event I do not accept one of the available providers or arrange for my own post-discharge care then I shall be responsible for RRMC's cost, expenses and fees while I am at RRMC, and may also be subject to legal action for not leaving RRMC when requested to do so. Additionally, if my personal representative does not accept one of the available providers or arrange for my own post-discharge care, then in addition to my being responsible for RRMC's costs, expenses and fees while I am at RRMC, my personal representative shall also be responsible for such costs, expenses, and fees.
- I. **The following pertains to patient valuables:** I acknowledge and agree that RRMC encourages patients not to keep valuables on them during admission and during their stay at RRMC. RRMC offers safety deposit envelopes to secure belongings that patients would like to have with them. RRMC is not responsible for any lost or stolen valuables/belongings that a patient chooses to keep with them during their stay at RRMC.
- J. **The following pertains to methods of contact related to patient accounts:** I agree that in order for RRMC Health Care Providers to service my account or to collect any amount owed to them that they or their agents, may contact me by telephone at any telephone number associated with my account, including wireless telephone numbers, which could result in charges to me, and by sending text messages or e-mails, using any e-mail address provided to them. Methods of contact may include using pre-recorded/artificial voice messages and/or use of an automatic dialing device, as applicable.

**These terms cannot be altered or modified in any manner.**

