



## **Consent to Services and Financial Policy**

**Consent to Medical Care:** I consent to be provided hospital care including routine tests, procedures, drugs and other services and supplies as the attending physician(s) and/or others on the Medical Center's Medical Staff deem necessary or advisable for my health or well-being. This may include transfer to another facility. I understand that all such medical care involves some degree of risk and that there are no guarantees as to the results of such care. I understand that I have the right to consent or refuse consent to any proposed medical care, and that absent extraordinary circumstance, no substantial medical procedure, experimental procedure or research will be performed without my informed consent as required by law.

**Health Care Providers:** I understand that Medical Center staff physicians, including my medical care provider, may be independent contractors or physicians who have been granted the privilege of attending patients in this Medical Center. I understand that among those who treat patients at the Medical Center are medical, nursing and other health care personnel and I consent to being treated by these personnel as well as personnel in training, who may be present and assist during my care as a part of their education. I further consent to observation by these personnel and other individuals. Cascade Medical Center does not have a physician on site 24 hours a day, seven days a week. The hospital does provide competent, well-trained staff who are present 24 hours a day, seven days a week to assess patients with health care emergencies and notify the physician by phone if he/she is not present in the hospital at the time of the patient's arrival.

**Financial Agreement and Assignment of Benefits:** I am financially responsible to the Medical Center for all charges relating to the patient's hospitalization and, unless advance arrangements are made, I will fully pay the patient's account upon discharge. I assign to the Medical Center any applicable insurance benefits to which I would be entitled. I authorize direct payment of such insurance benefits to Cascade Medical Center and will pay for any charges not covered by insurance. I will pay any legal fees incurred by Cascade Medical Center in collecting this account.

**Personal Valuables:** Any personal property brought with the patient but not required in the Medical Center should be taken home. The Medical Center will not be liable for loss of or damage to any personal property not required for the stay.

**Health Care Rights:** Information regarding patient health care rights, including the right to make advance directives, has been made available to me.

**Notice of Privacy Practices:** We are required by law to maintain the privacy of your protected health information, to notify you of our legal duties and privacy practices with respect to your health information, and to notify affected individuals following a breach of unsecured health information. Notices are available that summarize our duties and your rights concerning your information. Our duties and your rights are set forth more fully in 45 CFR Part 164. We are

required to abide by the terms of our Notice that is currently in effect. Please ask for a copy or view the one provided in the lobby.

**Release of Information:** I authorize Cascade Medical Center to release a copy of my medical records to any party, person, or entity which is or may be responsible for paying or processing all or part of the Medical Center charges relating to my medical care. To provide optimum continuity of care, the Medical Center may release all or part of my medical record to any other health care provider (e.g. other hospitals, home health agencies, extended care facilities, and public health departments) to which I may be transferred or admitted, or to any physician or health care provider involved in my care. The Medical Center routinely provides brief reports to patients' relatives, friends, or others who ask about patient's condition, status of admission or discharge, visiting privileges, hospital room and phone number, and related information.

**Use of Artificial Technology:** I understand that at times, providers at Cascade Medical Center may utilize generative Artificial Intelligence transcription technology (A.I.) to generate medical notes and update a patient's medical chart in real-time. Natural language processing allows the transcription software to analyze and dictate human conversations as they occur, similar to a physician's scribe. The technology can be used during or after the patient's visit when a doctor prepares after-visit summaries and updates a patient's chart. Data collected can help staff recommend codes for medical billing purposes and can be integrated into a patient's electronic health record. The attending provider must review the transcription for quality assurance purposes before the notes are added to the patient's medical chart. You may withdraw your consent at any time by speaking with or writing to the staff at Cascade Medical Center.

**Consent to Receive Email and Text Messages:** By providing a mobile phone number and/or email address, you agree to be contacted by or on behalf of Cascade Medical Center, including emails to your email address and text (SMS) messages to your mobile phone or other wireless devices, and the use of an automatic telephone dialing system, artificial voice and prerecorded messages, for the purpose of providing appointment and billing reminder services offered by Cascade Medical Center and its partners. You may opt-out of receiving text (SMS) messages any time by replying with the word STOP from the mobile device receiving the messages. You do not need to provide this consent for text (SMS) messages to receive services at Cascade Medical Center. However, you acknowledge that opting out of receiving text (SMS) messages may impact your experience with the service(s) that rely on communications via text (SMS) messaging, which include but are not limited to appointment reminders, prescription notifications, and billing reminders. You may withdraw your consent for receiving email and/or text (SMS) messages at any time by speaking with or writing to the staff at Cascade Medical Center.