

Patient Name: _____

Patient ID Number: _____

Physician: _____

UNIT NUMBER

PT NAME

MRN: 56747087

Ebel, Stephanie Anne

HAR: 36125094 CSN: 68621713

DOB: 8/20/1949 (64 yrs) F Adm Date: 7/17/2014



DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
OMB Approval No. 0938-0692

AN IMPORTANT MESSAGE FROM MEDICARE ABOUT YOUR RIGHTS*

AS A HOSPITAL INPATIENT, YOU HAVE THE RIGHT TO:

- Receive Medicare covered services. This includes medically necessary hospital services and services you may need after you are discharged, if ordered by your doctor. You have a right to know about these services, who will pay for them, and where you can get them.
- Be involved in any decisions about your hospital stay, and know who will pay for it.
- Report any concerns you have about the quality of care you receive to the Quality Improvement Organization (QIO) listed here: HEALTH SERVICES ADVISORY GROUP, INC. (HSAG) (800) 841-1602 Toll Free, or (800) 881-5980 (TDD-hearing impaired number)

YOUR MEDICARE DISCHARGE RIGHTS

Planning For Your Discharge: During your hospital stay, the hospital staff will be working with you to prepare for your safe discharge and arrange for services you may need after you leave the hospital. When you no longer need inpatient hospital care, your doctor or the hospital staff will inform you of your planned discharge date.

If you think you are being discharged too soon:

- You can talk to the hospital staff, your doctor and your managed care plan (if you belong to one) about your concerns.
- You also have the right to an appeal, that is, a review of your case by a Quality Improvement Organization (QIO). The QIO is an outside reviewer hired by Medicare to look at your case to decide whether you are ready to leave the hospital.
 - If you want to appeal, you must contact the QIO no later than your planned discharge date and before you leave the hospital.
 - If you do this, you will not have to pay for the services you receive during the appeal (except for charges like copays and deductibles).
- If you do not appeal, but decide to stay in the hospital past your planned discharge date, you may have to pay for any services you receive after that date.
- **Step by step instructions for calling the QIO and filing an appeal are on page 2.**

To speak with someone at the hospital about this notice, call: Case Management/Social Work at (415) 353-1504.

Please sign and date here to show you received this notice and understand your rights.

Signature of Patient or Representative

Date

*This form is utilized after the patient has been provided with the Notification of Financial Assistance and Charity Care Program.

TERMS AND CONDITIONS OF SERVICE: ADMISSION, MEDICAL SERVICES AND FINANCIAL AGREEMENT

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7. **FINANCIAL AGREEMENT:** I understand that even if I have insurance, I may be financially responsible for some or all of my medical services. For instance, if I have a co-pay or deductible, I agree to pay the amounts I owe. If I do not have insurance that covers the service I receive, I agree to pay The Regents of the University of California for professional, hospital and clinic services, including UCSF Medical Center physician services, in accordance with the regular rates and terms of UCSF Medical Center. I also agree to pay for other professional services provided at UCSF Medical Center by other health care providers. If I am unable to pay, I understand I may qualify for public assistance, special payment arrangements and/or charity care. I also understand that when this agreement is signed by my spouse, parent or a financial guarantor, my spouse, parent or financial guarantor shall be jointly and individually liable with me for payment, including all collection fees (attorneys' fees, costs and collection expenses), in addition to any other amounts due. Unpaid accounts referred to outside agencies for collection bear interest at the current legal rate.

8. **ASSIGNMENT OF BENEFITS (INCLUDING MEDICARE BENEFITS):** I authorize and direct payment to UCSF Medical Center of any insurance benefits including hospital insurance and unemployment compensation disability benefits otherwise payable to or on my behalf for UCSF Medical Center services, including emergency services, at a rate not to exceed UCSF Medical Center actual charges. I understand that I am financially responsible for charges not paid pursuant to this agreement. I further agree that any credit balance resulting from payment of insurance or other sources may be applied to any other account owed to UCSF Medical Center by me.

I have read, agreed to and received a copy of this Terms and Conditions of Service.

Stephanie Ebel
Signature of Patient

or Signature of Patient Representative

Signature of Witness (required if patient unable to sign)

Relationship of Representative to Patient

Signature of Interpreter

Language used

Date of Signing

Financial Responsibility Agreement by Person Other than the Patient or the Patient's Legal Representative

I agree to accept financial responsibility for services rendered to the patient and to accept the terms of the Financial Agreement (Paragraph 7) and Assignment Of Benefits (Including Medicare Benefits) (Paragraph 8) set forth above.

Date

Financially Responsible Party

Witness

Elective Section:

PATIENT RIGHTS NOTICE: (applies to inpatient admissions only)

Would you like your agent under a durable power of attorney for health care or your next of kin to receive a copy of the Patient Rights and Responsibilities Notice? If so, please contact the Patient Relations Department at (415) 353-1936.

UCSF Medical Center

CONDITIONS OF ADMISSION

Attachment A

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Smoking

Smoking is NOT allowed on the campuses of UCSF Children's Hospital, UCSF Medical Center and UCSF Medical Center at Mount Zion (herein referred as the Medical Center). Smoking has been determined to be hazardous to your health. If you are a smoker, we advise you to stop smoking. If you have a recent history of smoking in the last year, we advise you to continue to stop smoking. Alternatives to help curb your cravings for nicotine are available. Please speak with your clinical team to learn more about these alternatives or if you have any questions concerning smoking cessation. This policy applies to patients and visitors of the Medical Center.

Leaving the Hospital

It is the expectation of the Medical Center that you do not leave the hospital at any time during your stay. It is against hospital policy for you to leave your assigned unit with property belonging to the hospital (example: gowns, IV machines, oxygen tanks, etc.). You may be discharged if you leave the hospital without informing your clinical team or if you repeatedly violate the hospital's smoking policy.

Please refer to your patient handbook for more information concerning your stay here at UCSF Children's Hospital, UCSF Medical Center and UCSF Medical Center at Mt. Zion.

Patient Signature

Date / Time

Witness Signature

Date / Time

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1. **UCSF Medical Center** is part of the University of California and is comprised of its hospital(s), medical center(s), its hospital-based clinics, and the UCSF School of Medicine.
2. **MEDICAL CONSENT:** I consent to medical treatments or procedures X-ray examinations, drawing blood for tests, medications, injections, taking of medical photographs, videotaping, laboratory procedures, and hospital services rendered to me under the general and special instructions of the physicians or other health care professionals assisting in my care. I also consent to my admission to the UCSF Medical Center if this is necessary for my care.
3. **TEACHING, RESEARCH AND HEALTHCARE INSTITUTION:** The University of California including UCSF Medical Center, is a teaching, research and healthcare institution. I understand that residents, interns, medical students, students of ancillary health care professions (e.g., nursing, x-ray, rehabilitation therapy), post-graduate fellows, and other trainees may observe, examine, treat, and participate at the request and under the supervision of the attending physician in my care as part of the University's medical education programs. Some UCSF Medical Center faculty are identified by their name badge as "Visiting Professors". These faculty members do not have a California license, but are licensed in another state or country. These physicians are permitted to practice medicine in California under a special program developed by the Medical Board of California.

I also understand that a University institutional review board approves projects conducted by University researchers in accordance with state and federal law. As a result, I understand that I may be contacted and asked to participate in research studies but I am under no obligation to do so. My decision whether to participate or not will not affect my ability to obtain medical care.
4. **USE OF MEDICAL INFORMATION AND SPECIMENS:** I understand that my medical information, photographs, and/or video in any form may be used for other UCSF Medical Center purposes, such as quality improvement, patient safety and education. I also understand that my medical information and tissue, fluids, cells and other specimens (collectively, "Specimens") that UCSF Medical Center may collect during the course of my treatment and care may be used and shared with researchers. I understand that under California law, I do not have any rights to any commercially useful products that may be developed from such research. I further understand that any use of my medical information or Specimens by UCSF Medical Center or other research institutions will be in accordance with state and federal law, including all laws and regulations governing patient confidentiality, in the manner outlined in the UCSF Medical Center Notice of Privacy Practices.
5. **PERSONAL VALUABLES:** UCSF Medical Center maintains fireproof safes for the safekeeping of money and valuables. UCSF Medical Center shall not be liable for the loss of or damage to any money, documents, jewelry, glasses, dentures, furs or other articles of unusual value and shall not be liable for loss or damage to any personal property, unless deposited in a safe or locked storeroom. The liability for loss of any personal property deposited with UCSF Medical Center shall be no more than \$500.
6. **RELEASE OF MEDICAL INFORMATION:** The State of California Information Practices Act requires UCSF Medical Center to provide the following information to individuals who supply information about themselves. As a patient of UCSF Medical Center, I will be asked to submit certain personal information, such as my address and phone number, Social Security number, insurance information, medical history and treatment. The principal purpose for requesting this information is to ensure accurate identification, continuity of medical care, and payment for such care. Under the authority of The Federal Privacy Act of 1974, Article IX, Section 9 of the California Constitution, the California Information Practices Act (Civil Code 1798 et seq.), California Code of Regulations, Title 22, Section 70749, UCSF Medical Center is authorized to maintain this information. As required by UCSF Medical Center, furnishing all information requested is mandatory unless otherwise noted. I understand that failure to provide such information may affect my medical care and/or insurance benefits and coverage.

UCSF Medical Center will obtain my written authorization to release information about my medical treatment, except in those circumstances when UCSF Medical Center is permitted or required by law to release information (see UCSF Medical Center's Notice of Privacy Practices for a description of the specific circumstances under which UCSF Medical Center may release this information). For example, UCSF Medical Center may release a copy of my patient record to health care providers, health plans, governmental agencies and workers' compensation carriers. Additionally, I understand that if I am diagnosed with cancer, a reportable disease in California, UCSF Medical Center is required by law to report my diagnosis to the State Department of Health Services.