

McLaren Print System Order

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User: Regina Oneal
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4100 John R St
48201,

Forms
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Item Number: GENERAL CONSENT FOR TREATMENT
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1. GENERAL CONSENT TO ADMISSION AND TREATMENT

I, the undersigned, hereby voluntarily request, consent to and authorize all medical and hospital care, including physical examination and screening, diagnostic procedures, drug administration, therapeutic treatments, including drug and alcohol screening, as deemed necessary in the judgment of the attending physician(s), other medical staff members and health care providers of Karmanos Cancer Institute ("KCI"). I am aware that the practice of medicine is not an exact science, and acknowledge that no guarantees have been made to me with respect to the results of the care and treatment that I have received.

I hereby authorize KCI to retain, preserve and use for scientific or teaching purposes, or to dispose at its discretion or convenience, any specimen or tissues taken from my body during my visit. I authorize KCI to photograph, film and/or record me for the purpose of diagnosis, treatment recommendation and/or documentation and identification while in treatment. I understand that these photographs, films, and/or recordings may be retained as a permanent part of the medical record and may be used for case studies and education. I have been informed and understand that most KCI facilities are teaching institutions and that the medical and surgical procedures performed may require the observation, cooperation and services of multiple health care providers. I authorize such persons to undertake this observation, service and care.

2. AFFILIATION WITH THE DETROIT MEDICAL CENTER

KCI is affiliated with The Detroit Medical Center ("The DMC") and under certain circumstances, services may be obtained from, or provided in a Harper University Hospital facility or other facility at The DMC. My signature below indicates my consent to the provision of such services in a DMC facility by The DMC and the doctors, nurses and staff that work at such facilities and to the sharing of my medical records and other health information for treatment purposes.

3. CONSENT FOR EXPOSURE TESTING

I understand if an emergency responder, health care professional, or other health facility employee is exposed to my blood or body fluid, that testing including but not limited to HIV, Hepatitis B or Hepatitis C may be performed without my consent, as mandated by MCL 333.20191.

Spec Info: 4. RELEASE OF INFORMATION FOR INSURANCE

I authorize KCI and its affiliates to release to any third party payer, or its representative, including Medicare, Medicaid, Champus, Blue Cross/Blue Shield, commercial health insurers, automobile no-fault insurers, workers' disability compensation insurers, employers, health maintenance organizations, preferred provider organizations and managed care plans, which may be responsible for payment in my case, or as required by law, such information from my medical record as is necessary in order to receive reimbursement for any billings rendered relating to my treatment, including alcohol and drug abuse records.