



0541E

## CONDITIONS OF TREATMENT

### 1. CONSENT TO MEDICAL AND SURGICAL PROCEDURE

I consent to the procedures that may be performed during this hospitalization or while I am an outpatient. These may include, but are not limited to, emergency treatment or services, laboratory procedures, X-ray examinations, medical or surgical treatment or procedures, vaccinations, anesthesia, or hospital services provided to me under the general and special instructions of my physician or surgeon. I understand that the practice of medicine and surgery is not an exact science and that diagnosis and treatment may involve risks of injury or even death. I acknowledge that no guarantees have been made to me regarding the result of examination or treatment in the hospital. It is understood that Loma Linda University Medical Center (LLUMC) is a teaching institution and patients participate in medical education programs.

### 2. NURSING CARE

LLUMC provides only general nursing care and care ordered by the physician(s). If I want a private duty nurse (patient-arranged private duty attendant), I agree to make such arrangements. LLUMC is not responsible for failure to provide a private duty nurse and is hereby released from any and all liability arising from the fact that the hospital does not provide this additional care.

### 3. PERSONAL BELONGINGS

As a patient, I am encouraged to leave personal items at home. LLUMC maintains a fireproof safe for the safekeeping of money and valuables. The hospital is not liable for the loss or damage to any money, jewelry, documents, or other articles that are not placed in the safe. LLUMC liability for loss of any personal property deposited with the hospital for safekeeping is limited by law to five hundred dollars (\$500) unless I receive a written receipt for a greater amount from the hospital.

### 4. MATERNITY PATIENTS

If I deliver an infant(s) while a patient of this hospital, I agree that these same Conditions of Treatment apply to the infant(s).

### 5. LAW ENFORCEMENT AGENCY PATIENT AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize LLUMC to inspect and/or receive copies of law enforcement reports related to or arising out of any accident or injury leading to my admission to or treatment at LLUMC.

### 6. CONFIDENTIAL TREATMENT OF ALL COMMUNICATIONS/RELEASE OF MEDICAL RECORDS & BILLING INFORMATION

I understand and agree that all communications and records pertaining to my care and stay in LLUMC will be held confidential. I acknowledge that I received a separate "Notice of Privacy Practices" ("NPP") that explains my rights in detail and how LLUMC may use and disclose my protected health information. I specifically authorize the use and disclosure of all medical record and billing information in accordance with the NPP.

### 7. PHOTOGRAPHIC CONSENT

I consent to the taking of pictures of my surgical condition or treatment and the use of the pictures for purposes of my diagnosis or treatment or for the hospital's operations, including peer review and education or training programs conducted by LLUMC.



LOMA LINDA  
UNIVERSITY  
MEDICAL CENTER

Loma Linda University Medical Center  
Loma Linda Heart and Surgical Hospital  
Loma Linda University Medical Center East Campus

### CONDITIONS OF TREATMENT

White - Chart    Pink - Patient

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PATIENT IDENTIFICATION

20-0541E (2-14)

**8. CONSENT FOR FOLLOW UP COMMUNICATION**

I understand that it is important for my healthcare provider(s) to communicate with me regarding my medical care and treatment. I specifically authorize LLUHS and its affiliated entities to communicate with me at the phone number(s) I have provided at registration whether it is a landline or cellular phone. This consent includes all follow-up care, coordination of financial benefits, and payment matters.

**9. NO LEGAL RELATIONSHIP BETWEEN HOSPITAL AND PHYSICIANS**

All physicians and surgeons providing services to me, including the radiologist, pathologist, emergency physician, anesthesiologist and others, are NOT employees or agents of LLUMC and are solely responsible for their medical decisions in the evaluation and management of your care. They have been granted the privilege of using the hospital for the care and treatment of their patients, but they are not employees or agents of the hospital.

I understand that I am under the care and supervision of my attending physician. LLUMC and its nursing staff are responsible for carrying out my physician's instructions. My physician or surgeon is responsible for obtaining my informed consent, when required, to medical or surgical treatment, special diagnostic or therapeutic procedures, or hospital services provided to me under my physician's general and special instructions.

I understand that medical doctors are licensed and regulated by the Medical Board of California, (800) 633-2322, www.mbc.ca.gov OR by the Osteopathic Medical Board of California (916) 928-8390, www.ombc.ca.gov

I further understand that LLUMC is a teaching facility that trains healthcare professionals to serve throughout our community and the world. Medical students, residents and fellows participate in the care of patients under the supervision of licensed physicians. I understand that I may be seen by a medical student, resident or fellow.

I certify that I have read the foregoing and received a copy thereof. I am the patient, the patient's legal representative, or am otherwise duly authorized by the patient to sign the above and accept its terms on his/her behalf.

\_\_\_\_\_  
Signature (Patient/Legal Representative) Date Time

Relationship to Patient (if signed by Legal Representative): \_\_\_\_\_

Witness Name (Print): \_\_\_\_\_

\_\_\_\_\_  
Witness Signature Date Time

Interpreted by:  Certified Interpreter  Qualified Bilingual Staff  Language Line  
 Other: \_\_\_\_\_

\_\_\_\_\_  
Interpreter Name (print) Language of Patient

\_\_\_\_\_  
Interpreter Signature (if present) Date Time

\_\_\_\_\_  
Language Line Interpreter ID# (if applicable) Date Time

