



## GENERAL CONSENT

Thank you for choosing Virtua Health. This General Consent applies to care you receive at any Virtua Health hospital, satellite emergency department, off-site hospital department, and/or affiliated medical practice (altogether referred to here as "Virtua Health").

By presenting myself for care at Virtua Health, I acknowledge, understand, and agree to each of the following:

### Consent for Treatment

- I have come to Virtua Health for emergency, inpatient, or outpatient care and voluntarily consent to care including routine tests, medication administration, and treatment. No guarantees have been made to me about the results of the care provided.
- If my admission is due to childbirth, this General Consent shall also apply to my newborn child or children.
- In the event that one of my health care providers sustains an exposure (such as a needlestick) to my blood or bodily fluids during my visit, I consent to have my blood drawn for testing of bloodborne diseases, such as HIV/AIDS and Hepatitis.
- Virtua Health has a relationship with Rowan University and other teaching institutions. Students and others in training programs may take part in my care.
- Virtua Health may take or record photographs and/or videotapes of me, my family, and/or my visitors to be used by Virtua Health for many reasons, including security, identification, treatment, education and quality improvement.
- I must leave the applicable Virtua Health site of care when medical services are completed, as determined in Virtua Health's professional judgment.
- It is against Virtua Health's policies for me to make any audio or video recordings while in a Virtua Health facility, unless I obtain Virtua Health's prior consent.

### Consent to Treatment through Telehealth/Telemedicine

- When appropriate, my care may be provided through telehealth or telemedicine (audio and/or video) technologies, which may include the ability for my Virtua Health provider to take and store a photograph of me or my condition. In a telehealth/telemedicine appointment, a physical exam cannot be performed, so the exam and treatment is limited to what the provider can see through a video connection and/or what information I tell to my provider. The benefits, risks, and alternatives to the telehealth or telemedicine service will be reviewed with me. If I would like my records from my telehealth visit sent to my primary care physician or other health care provider, I should let my Virtua Health provider know, and I will be provided with any required consent for the transfer of the records. If additional testing is required, this General Consent will also apply to specimen collection and testing at an Urgent Care or other location following the telehealth appointment. If there is a technical or equipment failure during a telehealth/telemedicine appointment, I should call the Patient Support Line at 856-246-4113; if my telehealth/telemedicine appointment occurs outside the Patient Support Line's operating hours, my Virtua Health provider will determine whether to convert the appointment to another type of encounter (such as telephone or in-person). If I have an adverse reaction to treatment provided through telehealth/telemedicine, I should either call my Virtua Health provider or, in an emergency, 9-1-1.

### Personal Valuables

- I should not bring money or valuables to a Virtua Health hospital, or I should send any such items that I have brought to the hospital home with family or friends. Unless I have given my personal property to authorized Virtua Health personnel for safekeeping, Virtua Health is not responsible for the loss of or damage to my personal property, such as jewelry, dentures, personal electronics, or hearing aids.

### Consent to Use and Disclose Health Information

- As described in Virtua Health's Notice of Privacy Practices, Virtua Health may use or disclose my health information for any permissible purpose, in any form, including electronic. The health information used and disclosed may include information that Virtua Health received from my other providers and/or sensitive information with additional legal protections, such as HIV/AIDS, sexually transmitted diseases, mental or behavioral health information, drug and alcohol treatment information, genetic testing, psychotherapy notes, or treatment I may have received as an emancipated minor.
  - **You have the right to withhold your consent to certain disclosures of reproductive health care information:** If you receive reproductive health care services from Virtua, please know, we generally will not share your reproductive health care information in a civil action or in a probate, legislative, or administrative proceeding, without your written consent, except in certain limited situations defined by law in which we are permitted or required to do so. In the circumstances where we request your written consent, you have the right to withhold it. Reproductive health care services include all medical, surgical, counseling, or referral services related to the human reproductive system including, but not limited to, services related to pregnancy, contraception, or termination of a pregnancy.
- If I have been hospitalized, Virtua Health may discuss my discharge planning with the person designated as my care partner.



**Financial Responsibility and Assignment of Benefits**

- If I am receiving care at a Virtua Health hospital, satellite emergency department, or an off-site hospital department, I understand that in addition to a hospital bill, I may receive a separate bill from medical professionals (such as physicians) who provided treatment to me but are not employed by the hospital.
- I have a continuing obligation to pay Virtua Health, and/or any independent professional who treats me in a Virtua Health facility, for any medical services that are provided to me.
- My insurance company or health plan may pay any policy benefits otherwise payable to me directly to Virtua Health. If the assigned benefits do not cover all of Virtua Health’s charges, I agree to be responsible for payment of fees, charges and costs associated with my treatment by Virtua Health, except where I am eligible under Medicaid or another State or Federal program, or as otherwise prohibited by law. If my insurance company or health plan refuses to make payment to Virtua Health, I give my consent to Virtua Health to appeal the denial of payment.
- I am personally responsible to pay any insurance deductibles, co-payments and/or co-insurance due under the terms of my policy. It is my responsibility to obtain pre-certifications, referrals, second opinions, and/or any other prerequisites or conditions my insurance coverage requires in order to pay for my medical care.
- Should my account be referred to an attorney or collection agency, I will pay reasonable fees associated with the collection of the unpaid charges. I may be contacted as described below in the Communications section of this General Consent.

**Consent to Communications**

- Virtua Health, and/or any agent on its behalf, including attorneys or a collection agency, may contact me for any permissible purpose, including treatment, payment, or business operations. This contact may be by mail, phone, facsimile, text message, email, or any other electronic communication. Virtua Health, and/or its agents, may contact me at any physical, email or other electronic address, or phone number that I have provided or is otherwise publicly available, including wireless telephone numbers, which could result in charges to me. This contact may include use of pre-recorded/artificial voice messages and/or use of an automatic dialing device.

**Acknowledgement Section**

I understand that Virtua Our Lady of Lourdes Hospital in Camden and its off-site hospital departments follow the Ethical and Religious Directives (ERDs) for Catholic Health Care Services.

I have received, or been offered, a copy of Virtua Health’s:

- Patient Rights, which describes my rights and responsibilities as a Virtua Health patient;
- Notice of Privacy Practices, which describes how Virtua Health may use and disclose my health information, and I agree to and approve of those uses and disclosures;
- Health Information Exchange brochure, which describes how Virtua Health may electronically share my information with my non-Virtua Health providers; and
- Charity Care Program information, if I have been identified by Virtua Health as eligible.

**I have read, understood, and agree to each of the terms of this General Consent.**

_____	_____	_____
Signature of Patient or Patient’s Legal Representative (as applicable)	Date	Time

_____	_____
Name of Patient’s Legal Representative (Print)	Relationship to Patient or Statement of Authority to act on Patient’s Behalf (i.e. spouse, parent, legal guardian, person acting <i>in loco parentis</i> , etc.)

_____	_____
Witness (Signature Only)	Witness (Print Name)

_____	_____
Witness (Signature Only)	Witness (Print Name)

*\*second witness required only for telephone consent*

Virtua Health, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATTENTION: Language assistance services, free of charge, are available to you. Call 1-888-VIRTUA3 or 1-888-847-8823.