



Name of Patient: _____ HN No.: _____
 Attending Physician: _____ Sex: _____
 Date of Birth: _____ Age: _____

CONSENT TO HOSPITAL CARE

CONSENT TO HOSPITAL CARE

The undersigned grants authority to Asian Hospital and Medical Center (AHMC) and its concerned staff to perform procedures and treatments rendered to me under the general and specific instructions of the attending physician as may be determined by their professional judgment.

I am aware that I should ask my attending physician any questions that I may have about my diagnosis, treatment, risk or complications, and alternative forms of treatment.

I am aware that a multidisciplinary team including physicians, nurses, residents, fellows and medical students may be involved during the care process. Experienced attending physicians will closely supervise these trainees during my treatment.

I am aware that I have the right not to include medical students in my care by advising my bedside nurse.

Any cause of action against the institution in connection with the confinement of the patient shall be under the jurisdiction of the Municipality of Muntinlupa.

PROCUREMENT OF INFORMATION

The undersigned designates and authorizes AHMC to gather any and all health and disease information on the patient as needed in the patient's medical care while in AHMC, and as needed for evaluation, planning and continuing improvement of its health services.

The undersigned further designates and authorizes AHMC to be his agent for the purpose of rendering such consent to other physicians, hospitals or clinics as may be necessary to obtain from them such previous or current records, as are needed in the patient's medical care while in AHMC.

DISCLOSURE OF HEALTH INFORMATION

AHMC may disclose health information to authorized person in order to coordinate my current care and arrange transfers following my discharge or treatment from AHMC.

WAIVER OF RESPONSIBILITY FOR ARTICLES OF VALUE

The undersigned agrees that; 1. That customer-supplied medical equipment will be subject to inspection and approval of AHMC's Biomedical Engineer and/or any designated staff for such purpose.

2. The safety and quality of care of our patients is the utmost priority of Asian Hospital and Medical Center. While the security of your personal property is important to us, please note that our primary concern is the rendition of quality health care services for our patients. As such, we request our patients and their companions and guests to refrain from bringing valuable items or any other property that are not necessary for the patient care inside the hospital.

Patients, as well as their companions and guests, are therefore advised, to restrict at minimum, the amount of property, valuables and cash brought in to the hospital. The hospital is not a depository of items, and shall not accept any liability for any loss of or damage to the personal property brought into the hospital, or incurred during the admission.

Conforme:

- I have been informed of Asian Hospital and Medical Centers' policy on bringing in of valuables during my admission
- I accept full and sole responsibility for the valuables brought into the hospital by me or my companions and guests during my hospital admission.
- I understand and agree that Asian Hospital and Medical Center shall not be held liable for any loss or damage to any valuable item/s I or my companions or guests may bring during my admission.

OVERSTAYING PATIENT

Your discharge orders signals processing of your discharge. Overstaying is not encouraged. Overstaying without medical reason is strictly prohibited as we are allocating beds for patients needing medical care. If you would like to request for accommodation options, you may coordinate with the Guest Services.

NON-MEDIA COVERAGE

- a. Media interview or any coverage concerning my care will not be permitted within the AHMC's premises.
- b. Media Personnel and/or equipment, in relation to my admission will be prohibited and may be intercepted by Security personnel of the AHMC.
- c. Media who wishes us to directly can meet with us outside the AHMC's premises.

FINANCIAL AGREEMENT

The undersigned agrees, whether signing as an authorized representative or a patient, that in consideration for the services to be rendered to the patient, he is obligated & will cooperate to pay the account to the hospital in accordance with regular rates and terms.

A pre-admission payment is required upon admission for elective cases in accordance with the prescribed pre-admission payment scale. Additional 75% of the room and board will be applied for patients who wish to stay beyond 12:00PM

The patient and his authorized representative hereby fully assent to the other measures that the hospital may take its own and exclusive discretion to effect collection which may include.

- a. The suspension of charge account for medicine , laboratory examinations, diagnostic procedures, hospital facilities and other services. All the foregoing will have to be paid on cash basis.
- b. The transfer of the patient to lower room-rate / bed or to any government or appropriate institution, all at the expense and account of the patient and his undersigned representative.
- c. The endorsement to the financial counselors for daily monitoring of hospital bill and further handling
- d. The balance in full is due and payable at the time of discharge. If the balance in full is not settled at the time of discharge interest charge will be levied at 3% rate per month.
- e. All incurred cost not covered by the 3rd party payor shall be settled by the patient at the time of discharge.
- f. Any balance outstanding after 30 days will be forwarded to collection agency.

CONSENT TO HOSPITAL DRUG AND MEDICAL SUPPLIES POLICY

In order to ensure the safety of the patient through administration of unexpired and/or unadulterated drugs and/or medicine on the patient, the patient and his/her undersigned representative hereby agree that all drugs and/or medicine to be administered to the patient during his/her confinement in the hospital shall be taken only from the Hospital pharmacy unless the same are not available therein. The Chief Medical Officer (CMO) can issue an exemption and/or authorization on the use of medicines not available at the Hospital formulary on a case-to-case basis.

Patient and his/her undersigned representative further agree to the exclusive use of hospital-issued medical supplies to ensure quality care at all times.

CONSENT TO PHOTOGRAPH

I consent to be photographed by the hospital.

- AGREE DO NOT AGREE

I understand the photograph will become part of the medical record to be used for identification purposes only.

CERTIFICATION

The undersigned certifies that he has read the foregoing and/or the foregoing has been explained to him in his dialect and that he understands the nature and the purpose of these authorizations to his full satisfaction and that he is the patient or is duly authorized by patient as patient's general agent to execute above and accept its terms. I acknowledge receipt of the "Admissions Guide" booklet, and fully understand its content.

Signature of Witness

Date & Time

Patient is a minor _____ years of age.

Patient is unable to sign because _____

Witness' Signature Over Printed Name

Date & Time

Patient's/Authorized Representative's Signature Over Printed Name

Date & Time

Representative's Signature Over Printed Name

Relationship to Patient