PRACTICE NAME/LOGO HERE

CONDITIONS FOR TREATMENT

1. **CONSENT FOR MEDICAL CARE AND SERVICES**: I understand the medical care I will be receiving will be directed and ordered by my physicians, their assistants or designees as is necessary in their judgement. I also understand and agree that my treatment may include taking of photographs for clinical and educational/teaching purposes. Photographs taken as part of my treatment will become part of my medical record. Photographs used for educational/teaching purposes will not include personal identifiers.
2. **ASSIGNMENT OF BENEFITS**: I hereby assign to [practice name here] all benefits payable to me or for my care and/or treatment.
3. **FINANCIAL AGREEMENT**: I am fully responsible for all charges not covered by insurance. In consideration of the services to be rendered, I acknowledge the obligation to pay [practice name here] in accordance with its regular rates and terms, and if the account is referred to an attorney or agency for collection, to pay reasonable attorney's fees and collection expenses. I understand that the obligation to pay [practice name here] may not be deferred for any reason, including pending legal action against other parties to recover medical costs.

# **FINANCIAL ASSISTANCE**: If you are unable to meet your financial obligation, financial counselors are available to assist you. Please call [phone # here] for more information

1. **CONSENT TO CONTACT**: If, at any time, I provide a telephone number (including cell phone), email address or similar electronic means to communicate with me, I consent to receive such communications (including autodialed calls and prerecorded messages) from [practice name here], its successors and assigns, and its affiliates, agents and independent contractors, including servicers and collection agents regarding the services rendered, or my related financial obligations.
2. **FOR MEDICARE PATIENTS**: I certify that the information I have provided in applying for payment under Title XVIII of the Social Security Act is correct. I am aware I may incur a coinsurance liability for an outpatient service(s) provided by [practice name].
3. **HIPAA**: I acknowledge that [practice name here]’s Notice of Privacy Practices has either been provided or made available to me.

 Signature of Patient or Authorized Representative Date / Time

 By signing above, I hereby acknowledge that I have read this form and have had the opportunity to ask questions and have them answered.

 Signature of Witness Date / Time

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# DHP

NONDISCRIMINATION STATEMENT

DHP complies with applicable Federal civil rights laws and does not discriminate on the bases of race, color, national origin, age, disability, or sex. DHP/Practice does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

* DHP/Practice provides free aids and services to people with disabilities to communicate effectively with us, such as:
	+ Qualified sign language interpreters
	+ Written information in other formats (large print, audio, accessible electronic formats, other formats)
* Practice/DHP provides free language services to people whose primary language is not English, such as:
	+ Qualified interpreter
	+ Information written in other languages

If you need these services, contact Doylestown Health's Director of Risk Services at 215-345-2424 during regular business hours. After business hours or on weekends, call 215-345-2200.

If you believe that Doylestown Health has failed to provide these services or discriminated in another way based on race, color, national origin, age, disability, or sex, you can file a grievance with: Director of Risk Services, Doylestown Hospital 595 West State St, Doylestown, PA 18901. You may also file your grievance by calling 215-345-2424, faxing to 215-345-2067, or e-mailing civilrights@dh.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Doylestown Health's Director of Risk is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019. 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-215-345-2200

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 : 1-215-345-2200

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-215-345-2200

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1 (800) 368-1019번 (TTY: 1 (215) 345-2200

PAUNAWA: Kung nagsasalita ka ng Tagalog, may mga libreng serbisyo para sa tulong sa wika na maaari mong gamitin. Tumawag sa 1 (215) 345-2200

ВНИМАНИЕ! Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните по номеру 1 (215) 345-2200

ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل على الرقم 2200-345 (215) 1 (هاتف وا

ATANSYON Si w pale Kreyòl, gen sèvis èd pou lang gratis ki disponib pou ou. Rele 1 (215) 345-2200

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1 (215) 345-2200

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1 (215) 345-2200

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Dzwoń pod numer 1 (215) 345-2200

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。Call 1 (215) 345-2200

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1 (215) 345-2200

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufen Sie uns an unter 1 (215) 345-2200

توجه:  اگر به زبان فارسی صحبت می کنید، خدمات یاری رسانی زبانی، بطور رایگان، در دسترس  شما می

باشد.  با شماره 1 (215) 345-2200 ، تماس بگیرید.

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