



CONSENT TO TREATMENT AND/OR PROCEDURE

- The undersigned hereby consents to and authorizes Mercy Physician Group (MPG) and its staff to perform all treatments and/or procedures and the administration of medication and/or anesthetic which may be considered necessary and advisable. No guarantee or assurance has been made to the results that may be obtained.
- It is MPG policy to initiate cardio-pulmonary resuscitation in the event of a cardiac or respiratory arrest, unless a do-not-resuscitate (DNR) order has been written on the patient's chart by the attending physician. If you have any questions regarding this policy, contact your physician.

AUTHORIZATION FOR RELEASE OF INFORMATION FOR BILLING

- Authorization is hereby granted to Mercy Physician Group (MPG) and its staff to disclose diagnosis and, if applicable, copies of front sheet history and physical, clinical resume, operative report, emergency room report and pathological report needed for the processing of claims for payment. No additional information will be released unless the patient's specific authorization is given. This authorization for release of information for billing will automatically become void 1 year after the date of signature. A photo copy of this authorization will be acceptable in lieu of the original.
- The patient may revoke this authorization at any time, by either written or verbal notification, except when action has already been taken in good faith based on the authorization.
- Once the information has been sent to the individual or agency, by the power of this authorization, the responsibility for maintaining confidentiality for that released information is transferred.
- This authorization conforms with the regulations promulgated under Section 333 of the comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970 and Section of the Drug Abuse Office and Treatment Act of 1972.

STUDENT PARTICIPATION

Mercy Physician Group (MPG) sponsors or participates as a site for medical and allied health care students. I hereby give my permission to allow these students to observe or participate under MPG supervision in my medical care.

FINANCIAL AGREEMENT

- The undersigned agrees, whether he/she signs as agent or as patient, that in consideration of the services to be rendered to the patient, he/she hereby individually obligates himself /herself to pay the account of MPG in accordance with the regular rates and terms of MPG.
- I hereby authorize payment directly to Mercy Physician Group (MPG) and contracted professional staff, such as, Pathologist, Radiologist, and Anesthesiologist, those MPG and professional service benefits otherwise payable to me, but not to exceed the balance due of MPG's regular charges for this period of treatment.

PERSONAL RESPONSIBILITY

I certify that the information I have given is correct. I assume full responsibility if any information given herein is false and MPG physicians or employees are unable to contact me with their findings due to erroneous information or data provided by me or on my behalf,

GRIEVANCE PROCESS

I have received the Patients' Bill of Rights Yes No
If I believe that any of these rights have been violated, I can file a grievance with the Clinic Manager or MPG Executive Director.

ADVANCE DIRECTIVES

The existence or lack of an advance directive does not determine an individual's access to care, treatment, and services. If requested, MPG will provide assistance with reviewing, revising or completing an advance directive. Packets are available at any MPG registration desk. A copy will be requested, if one exists, and will be a permanent part of your medical record. Advance directives will be honored within the limits of the law and MPG's capabilities.

The undersigned certifies that he/she has read the foregoing and is the patient, or is duly authorized by the patient as patient's general agent to execute the above and agrees to be bound by the same.

Patient _____ Dated: _____

Patient's Agent or Representative _____ Relationship: _____

Witness: _____