



Conditions of Admission

Consent to Medical and Surgical Procedures

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, telehealth services, anesthesia, or hospital services provided to me under the general and special instructions of my physician, surgeon, or other healthcare provider. 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 this hospital.

Nursing Care

This hospital provides only general nursing care and care ordered by the physician(s). If I want a private duty nurse, I agree to make such arrangements. The hospital 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.

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, representatives or agents of the hospital. They have been granted the privilege of using the hospital for the care and treatment of their patients, but they are not employees, representatives or agents of the hospital. They are independent practitioners. Some of these providers may bill separately for their services. Some advanced practice providers, such as nurse practitioners, nurse anesthetists, physician assistants, and others are employed by the District.

Some of these providers may bill separately for their services.

Patient initials: _____

I understand that I am under the care and supervision of my attending physician. The hospital 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.

Maternity Patients

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

Consent to E-prescribing

I consent to the use of e-prescribing. E-prescribing allows my provider to electronically send error free, accurate, and understandable prescriptions directly to a pharmacy from the point of care. E-prescribing reduces medication errors and enhances patient safety.

Personal Belongings



As a patient, I am encouraged to leave personal items at home. The hospital is not liable for the loss or damage to any money, jewelry, documents, eyeglasses, dentures, hearing aids, cell phones, laptops, other personal electronic devices, or other articles in most cases. Hospital 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.

Northern Inyo Healthcare District (NIHD) strives to maintain a safe and secure environment for all patients, visitors and staff. Firearms and other weapons are not allowed in the hospital except when carried by on-duty law enforcement officers and on-duty security officers. It is understood and agreed that NIHD has the right to search patient rooms and all items brought into the hospital, and to permanently take any illegal or unauthorized drugs, weapons, or other items that may be found. You are encouraged to leave these items at home or give them to a family member or friend to take home for you. NIHD may conduct electronic and other surveillance in all areas of the facility, including, but not limited to, patient rooms for purposes of safety, security, patient care, and other hospital operations.

Photography of the Patient

I consent to the taking of photographs, videotapes, digital or other images of my (or my newborn's) medical or surgical condition or treatment, and the use of the images for purposes of my diagnosis or treatment or for the hospital's operations, including peer review and education or training programs conducted by the hospital.

Photography by Patients and Visitors

I will not use cameras, including cell phones and other electronic devices, to take pictures or record video or sound in the hospital or District owned healthcare facilities. I understand that the District workforce and all patients have the right to privacy. There are some family-centered exceptions to this listed in the next section.

Labor, Delivery, and Obstetrics

I understand that I am allowed to use cameras and electronic sound, picture, and video recording devices in the Obstetrics department if I follow the guidelines listed here:

- Family photography is only permitted in the Labor/Delivery Rooms (not in hallways, to protect the privacy of others)
- Photography and videotaping of medical and surgical procedures is not allowed
- Videotaping/photography of the birth is not allowed
- After delivery and stabilization of the newborn is complete, photographs/ videotaping of the newborn may be taken by family members, with the consent of the mother. Staff must affirm that stabilization is complete prior to photography/ videotaping of the newborn by family members
- After delivery and stabilization is complete, photographs/videotaping may be taken of the mother by family members, with consent of the mother. Staff must affirm that delivery care has been completed prior to photography/videotaping of the mother by family members
- Photography/videotaping of hospital staff is not allowed without permission

Financial Agreement

I agree to promptly pay all hospital bills in accordance with the charges listed in the hospital's charge description master and, if applicable, the hospital's charity care and discount payment



policies and state and federal law. I understand that I may review the hospital's charge description master before (or after) I receive services from the hospital. I understand that all physicians and surgeons, including the radiologist, pathologist, emergency physician, anesthesiologist, and others, may bill separately for their services. If any account is referred to an attorney or collection agency for collection, I will pay actual attorneys' fees and collection expenses. All delinquent accounts shall bear interest at the legal rate, unless prohibited by law.

Patient initials:_____

Assignment of All Rights and Benefits

I irrevocably assign and transfer to the hospital all rights, benefits, and any other interests in connection with any insurance plan, health benefit plan, or other source of payment for my care. This assignment shall include assigning and authorizing direct payment to the hospital of all insurance and health plan benefits payable for this hospitalization or for these outpatient services. I agree that the insurer or plan's payment to the hospital pursuant to this authorization shall discharge its obligations to the extent of such payment. I understand that I am financially responsible for charges not paid according to this assignment, to the extent permitted by state and federal law. I agree to cooperate with, and take all steps reasonably requested by, this hospital to perfect, confirm, or validate this assignment. I authorize NIHD and my providers to release information as required to process insurance or payer's covering my hospitalization or outpatient services.

Medicare Assignment of Benefits

I certify that the information given in applying for payment under Title XVIII (Medicare) of the Social Security Act is correct, and authorize any holder of medical information about me to release to the Social Security Administration or its intermediaries or carriers any information needed for this or a related Medicare claim. I request that payment of authorized benefits be made on my behalf.

Health Plan Contracts

This hospital maintains a list of health plans with which it contracts. A list of such plans is available upon request from the financial office. All physicians and surgeons, including the radiologist, pathologist, emergency physician, anesthesiologist, and others, will bill separately for their services. It is my responsibility to determine if the hospital or the physicians providing services to me contract with my health plan. 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 authorized by the patient to sign the above and accept its terms on his/her behalf.

Teaching Program

To the extent that the hospital conducts or participates in teaching programs to which my condition or treatment is pertinent, students/trainees shall be permitted to participate in my care unless the hospital is notified by me, or my legal representative, to the contrary in writing.

Notice of Privacy Practices

I have been offered or received a copy of NIHD's Notice of Privacy Practices.



NOTICE OF NON-DISCRIMINATION

Northern Inyo Healthcare District complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Northern Inyo Healthcare District does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Northern Inyo Healthcare District:

- 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)
- Provides free language assistance services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact:

José García
Language Access Services Manager
150 Pioneer Lane, Bishop, California 93514
Phone (760) 873-2147 TTY 711 or Email jose.garcia@nih.org

If you believe that Northern Inyo Healthcare District has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Allison Murray, Civil Rights Coordinator
150 Pioneer Lane, Bishop, California 93514
Phone (760) 873-2145 TTY 711 Fax (760) 873-2108
Email alison.murray@nih.org.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Allison Murray 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>.



Northern Inyo Healthcare District

This chart displays, in various languages, the phone number to call for free language assistance services for individuals with limited English proficiency.

English	ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 760-873-5811 (TTY: 711).
العربية Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 760-873-5811 (رقم هاتف الصم والبكم: 711).
Հայերէն Armenian	Ու՛շԱ՛րԴՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, սպաս ձեզ անվճար կարող են տրամադրվել լեզվական անվճար ծառայություններ: Ձանգահարեք 760-873-5811 (TTY (հեռատիպ)՝ 711:
ភាសាខ្មែរ Cambodian (Khmer)	ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, បេសវាជំនួយខ្លួនកកាសា បោយមិនគិតថ្លៃ គឺអាចមានសំរាប់ប្រើប្រាស់។ ចូរ ទូរស័ព្ទ 760-873-5811 (TTY: 711) ។
汉语 Chinese (Mandarin)	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 760-873-5811 (TTY: 711)。
فارسی Farsi (Persian)	توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 760-873-5811 (TTY: 711) تماس بگیرید.
मानक हिन्दी Hindi	ध्यान दें: मदद आप हिंदी बोलते हैं तो आपके ललए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 760-873-5811 (TTY: 711) पर कॉल करें।
Hmoob Hmong	LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 760-873-5811 (TTY: 711).
日本語 Japanese	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。760-873-5811 (TTY:711) まで、お電話にてご連絡ください。
한국어 Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 760-873-5811 (TTY: 711) 번으로 전화해 주십시오.
ਪੰਜਾਬੀ Punjabi	ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 760-873-5811 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।
Русский Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 760-873-5811 (телетайп: 711).
Español / Castellano Spanish	ATENCIÓN: si habla español/castellano, tiene a su disposición servicios de interpretación gratuitos. Llame al 760-873-5811 (TTY: 711).
Ṭə'gə:lɔg Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 760-873-5811 (TTY: 711).
ภาษาไทย Thai	เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 760-873-5811 (TTY: 711).
Tiếng Việt Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 760-873-5811(TTY: 711).



I acknowledge that I was offered a copy of Conditions of Admission. I understand that I may ask for a copy at any time.

Signature _____

Date/Time _____

If signed by other than patient, indicate relationship: _____

FOR HOSPITAL USE ONLY

Witness: _____

Date/Time: _____

Interpreter name or ID# _____ Staff Phone Video

If you do not use an approved interpreter, please list the reason: _____

