

## MEDICAL AUTHORIZATION AND RELEASE

Originated: Revised: 11/2024  
Medical Record: File No: CONSENT M-01 Form No: 6787 SEH

**Authorization must be signed by the patient if age 18 or over or by a minor patient (under 18) if emancipated or otherwise eligible pursuant to KRS 214.185 (See Consent Procedure); or by the parent or legal guardian for any other minor; or by the patient's legally authorized representative if the patient is otherwise unable to consent (See Consent Procedure).**

1. I, the undersigned, a patient of St. Elizabeth Healthcare (SEH) do hereby and herewith freely and voluntarily agree and consent to and authorize the administration and performance of all medical treatment and medical operations, the administration of any medically accepted anesthetic, the use of any lawful kind of drugs, and the use of any medically accepted diagnostic procedures, which in the professional medical judgment of my physician, may be considered medically necessary, advisable, or otherwise appropriate. If I am admitted for pregnancy or childbirth, I further authorize the performance of a toxicology test (i.e., drug screen) if ordered by my physician to determine whether alcohol or drugs were ingested during pregnancy. The purpose is to clarify potential for or possibility of fetal exposure to alcohol or drugs.
2. I understand that when St. Elizabeth Healthcare provides services to me through a regular, on-going course of treatment on an outpatient basis (a Regimen of Treatment), my signature on this document will remain in effect as my voluntary agreement and consent for the associated Regimen of Treatment for a maximum period of ninety (90) days, unless otherwise withdrawn by me prior to the expiration of that period.
3. I further authorize and consent to the taking of cultures and blood samples and the performance of medically accepted laboratory tests for human immunodeficiency virus, hepatitis or any other blood-borne infectious disease upon the order of a physician for diagnostic purpose or in the event a physician, healthcare worker or SEH employee is exposed to my blood or body fluids in the course of my treatment at or transportation to SEH. I further authorize SEH to take such precautions as are deemed necessary for my safety and/or the safety of others in infectious cases.
4. I understand that SEH engages in educational activities for physicians, nurses, medical students and other healthcare personnel, and that such personnel may assist, observe, or participate in providing care or treatment to me at SEH or performing procedures ordered by my physician.
5. I understand that SEH may also engage in educational activities for non-healthcare personnel, which may involve the observation of healthcare personnel providing care or treatment at SEH. I hereby authorize and consent to the observation of my care for such educational activities.
6. I understand no assurances or guarantees have been given by anyone concerning treatment or the results that may be obtained.
7. I understand the patient handbook contains information about my right to consent to or refuse medical care and my right to execute Advanced Directives, such as Living Wills, Medical Powers of Attorney, and Methods of Specific Treatment ("MOST") orders.
8. I hereby authorize the taking of pictures and/or the videotaping of the treatment, procedures or operations hereby authorized, and the use of such pictures and/or videotaping for scientific and educational or research purposes. I understand that if any picture or digital image is intended to be used outside of SEH scientific, educational or research purposes, I will be advised and have the opportunity to provide specific consent for such use.
9. I agree that my conduct will conform with hospital policies. I further agree that SEH is not responsible for any lost or stolen personal items that I choose to keep with me.
10. I understand that if I choose to leave the inpatient or outpatient unit in which I am located during my treatment I can no longer be monitored or observed by my nurses or care providers at SEH. I further understand that if I am unable to be monitored or observed and my condition gets worse while I am out of the unit, there is a risk to my health and my care providers may not be immediately available to assist me. I acknowledge that I understand this risk and I hereby release and forever discharge my attending physician and SEH from all liability for any and all harm that may result from my decision to leave the unit including, but not limited to, any injuries that may be sustained while I am not being monitored or observed and injuries sustained while leaving, entering, or outside the building.

*Continued on the reverse side*

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- 11. I understand that SEH may release/disclose my protected health information to another health care provider for treatment purposes. By signing this authorization, I am giving permission for SEH to disclose/release any and all hospital and medical records, reports and information in the possession of SEH, including, without limitation, information concerning treatment of drug or alcohol abuse, drug-related conditions, psychiatric/psychological conditions and HIV/AIDS testing, diagnosis or treatment. I understand that current and future information may be released in all forms, including verbally, via fax, by paper, and electronically.
- 12. I understand that certain professional services are rendered at St. Elizabeth Healthcare by physicians, residents, medical students, and Durable Medical Equipment (DME) providers, who are independent practitioners and not employees or agents of St. Elizabeth Healthcare. These services include but are not limited to the following: Anesthesiology; Cardiology; Emergency Medicine; Infectious Disease; Internal Medicine; Neurology; Neurosurgery; Oncology; Pulmonology; Radiology; Surgery; and Urology. St. Elizabeth Healthcare is not responsible for treatment rendered by physicians, residents, or medical students who are not employees of St. Elizabeth Healthcare.
- 13. I understand that SEH or any of my treatment physicians may release medical, psychiatric, psychological, and/or other information to SEH’s legal counsel, third-party payers, benefit administrators, guarantors and/or other persons as necessary for them to verify benefits, to determine the necessity and appropriateness of my hospital stay or services, to authorize medical services to be received, process claims for benefits, and/or to represent me in a third party payer’s hearing and/or appeal process regarding payment for hospital expenses, including, but not limited to, Medicaid’s hearing and appeals process.
- 14. I hereby agree and fully understand that if I should refuse treatment or leave SEH without the written consent of my attending physician, I hereby release and hold harmless SEH, its officers, agents and employees, and the attending physician and his/her agents and employees for and from all liability for any injuries or damage which may occur as a result of my refusal of treatment or my leaving SEH.

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**English:** SEH provides language assistance services and appropriate auxiliary aids, including electronic and written translated documents and oral interpretation, free of charge and in a timely manner, when such services are needed to provide meaningful access to an individual with limited English proficiency.

**Arabic (Arabic):** خدمات المساعدة اللغوية ووسائل الإعانة المناسبة، بما في ذلك خدمات ترجمة الوثائق St. Elizabeth Healthcare قدم مستشفى العربية الإلكترونية والمكتوبة وخدمات الترجمة الفورية الشفهية، مجاناً وفي الوقت المناسب، عند الحاجة إلى مثل هذه الخدمات لتوفير إمكانية الوصول المجدية للأفراد ذوي إجابة محدودة في اللغة الإنجليزية.

**Burmese (Burmese):** St. Elizabeth Healthcare သည် အင်္ဂလိပ်ဘာသာစကားကျွမ်းကျင်မှုအားနည်းသော ပုဂ္ဂိုလ်အား အပြည့်အဝ ဝန်ဆောင်မှုရယူသုံးစွဲခွင့် ပံ့ပိုးပေးရာတွင် ဘာသာစကားအကူအညီဝန်ဆောင်မှုများကိုသာမက

ဘာသာပြန်ဆိုထားသော အီလက်ထရောနစ်နှင့် လက်ရေးစာရွက်စာတမ်းများ၊ နှုတ်ဖြင့် စကားပြန်များအပါအဝင် သင့်လျော်သည့် အထောက်အကူပြု ဝန်ဆောင်မှုများကို လိုအပ်ပါက အချိန်နှင့်တစ်ပြေးညီ အခမဲ့ ပံ့ပိုးပေးသည်။

**繁體中文 (Chinese):** St. Elizabeth Healthcare

提供免费且及时的语言援助服务和适当的辅助设备，包括书面翻译电子文件和口译服务，以便与英语能力有限人士进行有效沟通。

**Cushite Oroomiffa (Oromo):** St. Elizabeth Healthcare tajaajila gargaarsa afaanii fi deeggarsa meeshaalee dhageettii, dubbii fi arguu barbaachisoo ta’an, sanadoota elektirooniksii fi barreeffamaan hiikamanii fi turjumaana afaanii dabalatee, kaffaltii malee fi yerootti tajaajilli akkasii barbaachisutti, nama dandeettii Ingiliffaa murtaa’aa qabu tokkoof dhaqqabamummaa hiika qabu ni kenna.

**Nederlands (Dutch):** St. Elizabeth Healthcare biedt gratis en tijdig taalondersteuning en passende hulp, waaronder elektronische en schriftelijke vertaling van documenten en een tolk, wanneer dergelijke diensten nodig zijn om de toegankelijkheid tot de zorg te verbeteren voor personen met een beperkte Engelse taalvaardigheid.

**Deutsch (Pennsylvania Dutch):** St. Elizabeth Healthcare dutt Lei helfe as Druwwel hen fer Englisch verschteh. Sell meent, sie kenne em Copies uff der Computer odder uff Babier griege vun Documents in Englisch as in differnti Schprooche getranslate sin. Sie kenne aa en Interpreter beigrieger wammer Hilf braucht fer schwetze mit ebber in Englisch. Des alles duhn sie unni as es em ennich ebbes koscht, un gschwind.

**Français (French):** St. Elizabeth Healthcare fournit des services d’assistance linguistique et des aides auxiliaires appropriées, y compris des documents électroniques et écrits traduits et une interprétation orale, gratuitement et en temps opportun, lorsque ces services sont nécessaires pour fournir un accès important à une personne dont la maîtrise de l’anglais est limitée.

**Deutsch (German):** St. Elizabeth Healthcare bietet kostenlos und zeitnah Sprachmittlungsdienste und entsprechende Hilfsmittel an, wie die schriftliche Übersetzung von Dokumenten im elektronischen und Papierformat sowie mündliche Dolmetscherdienste. Auf diese Weise soll Personen mit eingeschränkten Englischkenntnissen ein ungehinderter Informationszugang ermöglicht werden.

**हिंदी (Hindi):** अंग्रेज़ी का बहुत ज़्यादा ज्ञान न रखने वाले व्यक्तियों को सार्थक एक्सेस देने करने के लिए, St. Elizabeth Healthcare ज़रूरी होने पर, निःशुल्क और सही समय पर भाषा सहायता सेवाएँ और उपयुक्त सहायक उपकरण प्रदान करता है, जिसमें इलेक्ट्रॉनिक और लिखित अनुवादित दस्तावेज़ और मौखिक व्याख्या शामिल हैं।

MEDICAL AUTHORIZATION AND RELEASE – PAGE 3 – 5



MEDICAL AUTHORIZATION AND RELEASE

**日本語 (Japanese):** St. Elizabeth Healthcare

は、英語が苦手な人に意味あるアクセスを提供するために、電子のおよび書面による翻訳文書や口頭通訳を含む言語支援サービス及び適切な補助手段を、無料で適時に提供いたします。

**Kinyarwanda (Kirundi):** St. Elizabeth Healthcare irungika serevise z'ugufasha ururimi n'imfashanyo z'abantu bafise ingorane mu kwumva, harimwo n'inyandiko z'ivy'ubuhinga bwa none n'uguhindura inyandiko yanditse n'ugusemura amajambo, ku buntu kandi mu buryo bubereye, mu kiringo izo serevise zikenewe kugira umuntu atazi neza icongereza ashobore kuronka izo serivisi azitahura neza.

**한국어 (Korean):** St. Elizabeth Healthcare 는 영어 능력이 제한된 개인에게 의미 있는 접근성을 제공하기 위해 이러한 서비스가 필요할 때 무료로 적시에 전자 및 서면 번역 문서와 구두 통역을 포함한 언어 지원 서비스와 적절한 보조 도구를 제공합니다.

**नेपाली (Nepali):** St. Elizabeth Healthcare ले सीमित अङ्ग्रेजी प्रविणता भएका व्यक्तिलाई अर्थपूर्ण पहुँच उपलब्ध गराउन आवश्यक हुँदा निःशुल्क रूपमा र समयमै विद्युतीय र लिखित अनुवादित कागजात र मौखिक अनुवादहरूलगायतका भाषासम्बन्धी सहायता सेवा तथा उपयुक्त सहायक सामग्रीहरू उपलब्ध गराउँछ।

**ਪੰਜਾਬੀ (Punjabi):** St. Elizabeth Healthcare ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਅਤੇ ਉਚਿਤ ਸਹਾਇਕ ਉਪਕਰਣ ਪ੍ਰਦਾਨ ਕਰਦੀ ਹੈ, ਜਿਸ ਵਿੱਚ ਇਲੈਕਟ੍ਰਾਨਿਕ ਅਤੇ ਲਿਖਤੀ ਅਨੁਵਾਦ ਕੀਤੇ ਦਸਤਾਵੇਜ਼ ਅਤੇ ਮੌਖਿਕ ਵਿਆਖਿਆ ਸ਼ਾਮਲ ਹਨ, ਮੁਫਤ ਅਤੇ ਸਮੇਂ ਸਿਰ, ਜਦੋਂ ਅਜਿਹੀਆਂ ਸੇਵਾਵਾਂ ਦੀ ਲੋੜ ਸੀਮਤ ਅੰਗਰੇਜ਼ੀ ਮੁਹਾਰਤ ਵਾਲੇ ਵਿਅਕਤੀ ਨੂੰ ਅਰਥਪੂਰਨ ਪਹੁੰਚ ਪ੍ਰਦਾਨ ਕਰਨ ਲਈ ਹੁੰਦੀ ਹੈ।

**Русский (Russian):** В больнице St. Elizabeth Healthcare бесплатно и своевременно предоставляются языковые услуги и другая помощь (в том числе услуги электронного, письменного и устного перевода), когда это необходимо, чтобы обеспечить полноценный доступ для лиц с ограниченным знанием английского языка.

**Srpsko-hrvatski (Serbo-Croatian):** St. Elizabeth Healthcare pruža usluge jezičke pomoći i odgovarajuća pomoćna pomagala, uključujući elektronske i pismene prevedene dokumente i usmeni prevod, besplatno i blagovremeno, kada su takve usluge potrebne da bi se obezbedio smislen pristup osobi sa ograničenim znanjem engleskog jezika.

**Español (Spanish):** St. Elizabeth Healthcare proporciona servicios de asistencia lingüística y ayudas auxiliares adecuadas, incluidos documentos electrónicos y escritos traducidos e interpretación oral, gratuita y oportunamente, cuando dichos servicios son necesarios para proporcionar un acceso significativo a una persona con dominio limitado del inglés.

**Tagalog (Tagalog):** Nagbibigay ang St. Elizabeth Healthcare ng mga serbisyo ng tulong sa wika at naaangkop na mga auxiliary na tulong, kabilang ang mga electronic at nakasulat na mga isinaling dokumento at pasalitang interpretasyon, nang walang bayad at sa napapanahong paraan, kapag ang mga naturang serbisyo ay kinakailangan para magbigay ng makabuluhang pag-access sa isang indibidwal na limitado ang kahusayan sa Ingles.

**Tiếng Việt (Vietnamese):** St. Elizabeth Healthcare cung cấp dịch vụ hỗ trợ ngôn ngữ và các phương tiện hỗ trợ phù hợp, bao gồm tài liệu dịch điện tử và văn bản cùng dịch vụ thông dịch, tất cả đều miễn phí và kịp thời khi các dịch vụ đó cần thiết cho cá nhân có trình độ Tiếng Anh hạn chế.



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**I HAVE READ BOTH SIDES OF THIS DOCUMENT AND/OR IT HAS BEEN FULLY EXPLAINED TO ME; AND I HEREBY CERTIFY THAT I UNDERSTAND ITS CONTENTS.**

**I have received a copy of St. Elizabeth Healthcare’s Notice of Privacy Practices (9/23/2013 – version) and a copy of St. Elizabeth Healthcare’s Patient Rights and Responsibilities (10/2022 version).**

**X** \_\_\_\_\_  
Patient

\_\_\_\_\_  
Date/Time

\_\_\_\_\_  
Witness

\_\_\_\_\_  
2<sup>ND</sup> Witness (For Telephone Consent Only)

The patient is unable to consent because:

\_\_\_\_\_

I therefore consent for the patient.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date/Time

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Witness