

MICHIGAN MEDICINE
AMBULATORY
**General Consent for Healthcare Services and
Important Patient Information - CHILD**

MRN:
NAME:
BIRTHDATE:
CSN:
DOS:

Notice of Privacy Practices (NPP) Acknowledgment:

I hereby acknowledge I have been offered or received the Michigan Medicine Notice of Privacy Practices.

General Consent to Receive Health Care Services

I, as the parent/guardian, want my child to receive health care services from Michigan Medicine including medical, dental, psychological, nursing and/or other health care. Services may include:

- Surgeries and procedures
- Medications
- Immunizations
- Tests
- Telemedicine services
- Other treatment necessary for my child's care

I agree that Michigan Medicine can share my child's information as needed for care or billing and that various departments may contact me. To facilitate my child's care and medical needs, Michigan Medicine departments may need to provide necessary information about my child to other outside healthcare providers. I have a right to discuss my child's health care with my child's health care providers at any time. I have the right to agree to or refuse any care. I understand that my child's health care providers generally will obtain my consent after discussing specific care, therapies and procedures with me. My child's health care providers will review known risks, expected benefits and alternatives to therapies in those discussions. I may need to give additional consents for invasive procedures and special treatments such as when my child receives blood products. I understand that the practice of medicine is uncertain. It is impossible to avoid certain risks and clinical outcomes may be different for each patient.

Assignment of Medical Benefits

I agree that I will be responsible for my child's co-payments, deductibles or other charges for medical services not covered or paid by insurance or other third party payers. This is true except in cases where Michigan or federal law, or an agreement between my child's insurance company and Michigan Medicine does not allow it. I assign all rights and benefits to Michigan Medicine in order to help the process of paying Michigan Medicine for health care services my child received. I agree to help Michigan Medicine follow up on these claims.

Important Patient Information

- 1. Michigan Medicine is a Teaching and Research Center.** My child may receive services from staff and/or trainees chosen and overseen by the teaching staff. Trainees and teachers may read and use my child's health care records for teaching and research. I agree to donate any excess tissues, specimens or parts of organs that are removed from my child's body during testing or medical procedures and are not necessary for my child's diagnosis or treatment. I authorize Michigan Medicine to own, use, retain, preserve, manipulate, analyze or dispose of this excess tissue. Michigan Medicine may use or retransfer these items to any entity for any lawful purpose, including education and research. Furthermore, I understand that it is possible that a treatment or test that my child receives may have been developed by my child's physician and that he/she may financially benefit from royalty payments accruing from the use of such a test or treatment which has previously been properly vetted through regulatory channels in accordance with state and federal law. I understand that I am able to ask my child's doctor if an invention of his/hers will be used in my child's care.
- 2. Human Immunodeficiency Virus (HIV)** is the virus that causes AIDS (Acquired Immune Deficiency Syndrome). **Under Michigan law, an HIV test may be done on a patient** if any health care worker or emergency responder comes in contact with that patient's blood or other body fluids. Contact may occur under the skin, in an open wound or through the mucous membranes, which are the tissues that line various openings in the body. If this type of contact occurs, I know that my child's blood can be tested without my consent. If a test is done, I know that my child will receive the test results and counseling as needed.

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- 3. Communication Methods.** Michigan Medicine uses many ways to communicate with me. The method used will depend on the reason or reasons for the communication. By providing Michigan Medicine with my contact information I agree to receive communications in different methods, for example: automated calls, text messaging, patient portal, emails, etc. I further agree that Michigan Medicine can send me text messages more than three (3) times a week. I understand that I can choose not to participate in some or all of these methods, but I must communicate my wishes to staff. Michigan Medicine may record incoming and outgoing phone calls with me for quality assurance and training purposes.
- 4. Telemedicine Services.** I understand that my child may receive care through telemedicine services. The limitations of a telemedicine visit include the possibility of not being able to pick up conditions found during a complete physical exam. There may also be technical difficulties like a lost connection or interruption.
- 5. Safety and Security.** In the interest of patient, staff and visitor safety, Michigan Medicine reserves the right to inspect or prohibit the use of personally owned devices and equipment including, but not limited to cell phones (including camera and video functions). Smoking and the use of tobacco products and non FDA-approved marijuana products is not allowed in Michigan Medicine facilities. This includes marijuana, non FDA-approved medical marijuana products in all forms, tobacco cigarettes, chewing tobacco and e-cigarettes. Facilities include buildings, grounds, parking lots and inside personal vehicles on Michigan Medicine property. Michigan Medicine is not responsible for loss or theft of any personal property if not placed in a Michigan Medicine-provided safe or secure area.
- 6. Photographing or Recording Done by or Arranged by Patients/Families.** Patients, their families, and their friends are not guaranteed a right to photograph or record on Michigan Medicine premises. However, photographing or recording may be permitted using their own devices subject to the following guidelines: 1. Photographing or recording must **stop right away** if directed to do so by Michigan Medicine staff or at any time if it interferes with clinical care or service to patients, patient privacy, security or operations; 2. Families or visitors of a patient may only photograph or record the patient; 3. Patients and visitors may not include other patients or Michigan Medicine faculty or staff without their verbal permission; 4. Photographs and recordings taken by the family or visitors may not be entered into the medical record.

My signature represents the following (check all that apply):

- ☐ Acknowledgement of NPP Notification
☐ General Consent to Receive Healthcare Services
☐ Assignment of Medical Benefits agreement

I have read and understand the information on this form before I signed it.

Signature of Parent or Legally Authorized Representative

_____/_____/_____
Date (mm/dd/yyyy)

Time: _____ A.M. / P.M.

Printed Name of Parent or Legally Authorized Representative
 Relationship: ☐ Parent ☐ Next-of-Kin ☐ Legal Guardian