

1. NURSING CARE

This center provides only general duty nursing care unless upon orders of the patient's physician the patient is provided more intensive nursing care. If your physician determines your condition is such as to need the service of a special duty nurse after discharge to home, it is agreed that the patient or his/her legal representative must arrange such. Pacific Rim Outpatient Surgery Center ("Pacific Rim") shall in no way be responsible for failure to provide the same and is hereby released from any and all liability arising from the fact that said patient is not provided with such additional care.

2. MEDICAL AND SURGICAL CONSENT

The patient is under the care and supervision of his/her attending physician and it is the responsibility of Pacific Rim and its nursing staff to carry out the instructions of such physician: the undersigned recognizes that all physicians and surgeons furnishing services to the patient, including the radiologist, pathologist, anesthesiologist, and the like, are independent contractors and are not employees or agents of Pacific Rim. The undersigned consents to x-ray examination, laboratory procedures, anesthesia, medical, or surgical treatment or center services rendered to the patient under the general and special instructions of the physician.

3. RELEASE OF INFORMATION

To the extent necessary to determine liability for payment and to obtain reimbursement, Pacific Rim may disclose portions of the patient's record, including his/her medical records, to any person or corporation which is or may be liable for all or any portion of Pacific Rim's charge, including but not limited to, insurance companies, health care service plans or worker's compensation carriers.

4. PERSONAL VALUABLES

It is understood and agreed that Pacific Rim advises patients to leave all valuables at home, (bring with you your estimated cost-share payment as requested) and that Pacific Rim shall not be liable for the loss or damage to any personal property.

5. FINANCIAL POLICIES

The financial responsibility for your care is yours unless you make other arrangements with us in accordance with the Financial Policies of the Center that have been provided to you. If you have misplaced it, do not hesitate to call us immediately for a replacement. Please do not delay taking care of that matter until you arrive for your surgery. Be sure of your insurance coverage, if any; and be prepared to pay for your part of the care (which may be all of it) on or before the day of your surgery. Please call us if you have any questions.

The undersigned certifies that he/she has read the foregoing, receiving a copy thereof, and is the patient, or is duly authorized by the patient as patient's general agent to execute the above and accept its terms.

 Date Patient/Parent/Guardian

 Time Relationship if other than patient

 Date Witness

Patient Label