

## **Authorization for Treatment**

I hereby authorize the performance of any examinations, treatments, procedures or operations, including but not limited to any anesthetic or radiation therapy and the taking of x-rays which, in the judgment of the admitting physician or any consulting physician, may be advisable. Without limitation, the foregoing extends to the staff of Borgess Pipp Hospital. I understand and agree that, pursuant to the Michigan Department of Public Health Code, Borgess Pipp Hospital may perform an HIV or AIDS test without my written consent of such test if performed after any physician, nurse, or other health professional, or health facility employee sustains a percutaneous, mucous membrane, or open wound exposure to my blood or other body fluids.

I further authorize the attending physician to retain the services of assistants or designees as is necessary in his or her judgment, whose charges for services are separate and distinct from those of the doctors mentioned above. I authorize the hospital to dispose of any part requiring amputation or removal.

## **Authorization to Pay Insurance Benefits**

I hereby authorize payment directly to Borgess Pipp Hospital of any insurance benefits or other payments by third parties otherwise payable to me but not to exceed the hospital's customary charges for this period of service. I understand I am financially responsible to the hospital for charges not covered by this authorization.

## **Release of Medical Information**

I hereby authorize Borgess Pipp Hospital to furnish any and all information required to establish my claim for benefits with my insurance company or any agency from which I claim benefits in payment of my hospital bill. This authorization may include information about communicable diseases and infections such as venereal diseases, or tuberculosis, HIV, AIDS and AIDS related complex, substance abuse treatment information or psychological and social services information. I further authorize Borgess Pipp Hospital to release all or any portion of my record or to furnish any information reasonable required for the delivery and coordination of my care to other hospitals, physicians, home health providers, insurance companies or other health care facilities that participated in my care, or that may provide for my care after discharge.

## **Release from Responsibility for Patient Valuables**

I fully understand and agree that Borgess Pipp Hospital is not responsible for the safety of any valuables, that I am responsible for all personal property (clothing, toilet articles, etc.)

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Patient or Legal Representative

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Dated