PATIENT NAME _____
PRINT IN BLOCK CAPITAL LETTERS

ACCOUNT NUMBER: _____

THE VALLEY HOSPITAL
Ridgewood, New Jersey

Authorization for Release of Patient Records and Information, Agreement to Pay for Services and Assignment of Reimbursement Benefits, Insurance Authorization.

I. RELEASE OF PATIENT RECORDS AND INFORMATION

In order to allow the Hospital and Hospital-based physicians providing services to obtain reimbursement, I authorize and consent to the disclosure of information or parts of my Medical Record (even if it includes diagnoses and treatment of AIDS, HIV Infection or HIV related illness and treatment of alcohol abuse and/or drug abuse). These disclosures may be made during the course of my treatment at the Hospital and after treatment. Disclosure may be made to any person or corporation which may be liable to the Hospital or Hospital-based physicians for all or part of their charges. Disclosures may be made to me, my spouse, hospital or medical service companies, my employer, HMOs, insurance companies, workers' compensation carriers, welfare fund or government agencies. Disclosures may include, but are not limited to, my identity, diagnosis, prognosis and/or treatment or procedures performed and costs, charges and expenses incurred.

I authorize and consent to the Hospital and its representatives appealing, on my behalf, any utilization management determination made by my HMO, insurance company or a designated review agency, which results in a denial, termination, or other limitation of covered health care services.

I authorize the Hospital and its representatives, during the course of my hospital stay, to discuss with and/or provide access to my medical records and information to any person or organization to facilitate the provision of post hospital care, treatment or services.

I understand that this consent is revocable at any time, except to the extent that action has been taken in reliance upon this authorization. If not revoked, this consent will remain in force for a reasonable time in order to carry out the purposes for which it is given.

II. AGREEMENT TO PAY FOR SERVICES AND ASSIGNMENT OF REIMBURSEMENT BENEFITS

In consideration of the services rendered to me at or by The Valley Hospital, I hereby agree to pay the Hospital and all Hospital-based physicians/providers providing services to me, the entire amount due for all services I receive. I hereby assign insurance benefits directly to the Hospital and all Hospital-based physicians providing services to me which otherwise may be payable to me. I further understand that any recovery of a monetary settlement resulting from my present illness or injury from insurance, litigation or otherwise will first be applied toward payment of the cost of my Hospital care. If the amount of such settlement received by the Hospital is less than the value of its services, as set forth in the bill(s) rendered to me, I will pay the difference between the amount of such settlement and the total bill for Hospital services. I agree to pay the Hospital for services which I choose to receive even though my health insurer or payor has not, through its review process, approved the provision of such services. I agree to pay the Hospital for all non-covered charges, including, but not limited to, telephone, television and any private room differential.

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III. INSURANCE AUTHORIZATION

I understand that my Health Insurance Company or payor may require me or my doctor to obtain precertification, admission notification review or a second opinion prior to obtaining Hospital services, Emergency Room treatment and/or admission. I understand that it is my responsibility to obtain all such authorizations and that failure to do so may result in a reduction, denial, or other limitation of covered health care services for which I may be liable. I also understand that the services must be, as defined by my insurance company, medically appropriate or necessary to be considered for payment.

I also understand that my insurance will cover only the dependents listed under my insurance policy. Newborns or dependents **must be added** to the insurance policy to be covered (time frame is dependent on your insurance carrier). You must call your insurance to confirm the dependent coverage.

IV. ADDITIONAL BILLS

In addition to your bill from The Valley Hospital, you may receive other bills for services rendered during your inpatient stay or outpatient/Same Day service for an interpretation of an exam or for a physician professional component. These bills will be mailed to you separately and are not part of the charges incurred for your hospital stay or outpatient service.

I certify that I have read and that I understand this authorization; that any questions I had about this authorization were satisfactorily answered. I further certify that I am the patient or am duly authorized by the patient to act on the patient's behalf to sign this document and accept its terms.

Date:_____Time:_____ _____

Patient's or Authorized Representative Signature

Patient is unable to consent because: _____

_____

_____ _____

Witness to Signature(s) **Name of Person Signing/Relationship to Patient (Print in Caps)**

I have received a copy of the Valley Hospital's Notice of Privacy Practices and Important Insurance Fact Sheet:

Initials: _____ Date:_____

If it is determined by the Hospital that your records are protected by Federal or State law and regulations concerning confidentiality of alcohol and drug abuse patient records, the diagnosis and treatment of AIDS, HIV infection or HIV related illness, the following note will be attached to the information sent to the recipient.

> NOTE to Recipient of Information: This information has been disclosed to you from records protected by Federal or State confidentiality rules (42 CFR ɔ 2.1 et seq.; N.J.S.A. 25:5C-1, et. seq.). Federal or State rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR ɔ 2.1 et seq. or N.J.S.A. 25:5C-1, et. seq. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal or State rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.