

TERMS AND CONDITIONS OF SERVICE

1. **DMPC:** Del Mar Psychiatric Center, Inc.

2. **MEDICAL CONSENT:** I consent to any medical treatments or procedures (except for complex procedures which require special consent), X-ray examinations, drawing blood for tests, medications, injections, taking of medical photographs, videotaping, laboratory procedures, and other services rendered to me under the general and special instructions of the attending physicians or other physicians of DMPC assisting in my care

3. **RELEASE OF INFORMATION:** DMPC will obtain my written authorization to release information about my treatment, except in those circumstances when DMPC is permitted or required by law to release information (see DMPC Notice of Privacy Practices for a description of the specific circumstances under which DMPC may release this information). For example, DMPC may release a copy of my patient record to insurance companies, health care service plans, governmental agencies, workers' compensation carriers, or other entities which may be liable for all or any portion of DMPC charges.

4. **USE AND DISCLOSURE OF MEDICAL INFORMATION:** The State of California Information Practices Act requires DMPC to provide the following information to individuals who supply information about themselves: As a patient of DMPC, you will be asked to submit information about yourself, such as your address and phone number, Social Security number, insurance information, medical history and treatment, and other personal information. The principal purpose for requesting this information is to ensure accurate identification, continuity of medical care, and payment for such care. DMPC policy and California and federal law and regulations authorize the maintenance of this information. Furnishing all information requested is mandatory unless otherwise noted. Failure to provide such information may affect your medical care and/or insurance benefits and coverage. The information you provide may be disclosed to others, as described in our Notice of Privacy Practices. You have the right to review your health information and the right to request restriction of access to your health information, as described in the Notice of Privacy Practices.

6. **FINANCIAL AGREEMENT:** I agree to pay Del Mar Psychiatric Center, Inc. for professional and clinic services, including DMPC physician services, in accordance with the regular rates and terms of DMPC. I also agree to pay for other professional services provided by other physicians at DMPC. When this agreement is signed by my spouse, parent or a financial guarantor, my spouse, parent or financial guarantor shall be jointly and individually liable with me for payment, including all collection fees (attorneys' fees, costs and collection expenses), in addition to any other amounts due. Unpaid accounts referred to outside agencies for collection bear interest at the then current legal rate.

7. **PATIENT RIGHTS NOTICE:**

I would like DMPC to provide my next of kin or agent with the Patient Rights Notice. Yes No

I have read, agreed to and received a copy of this Terms and Conditions of Service.

Signature of Patient or Personal Representative

Name of Patient or Personal Representative

Date

Description of Personal Representative's Authority