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

MRN:
NAME:
BIRTHDATE:
CSN:
DOS:

Notice of Privacy Practices (NPP) Acknowledgement:
I hereby acknowledge I have been offered or received the **Michigan Medicine Notice of Privacy Practices (NPP)**

General Consent to Receive Health Care Services

I, as the parent/guardian, agree to receive health care services at Michigan Medicine including medical, dental, mental health, nursing and/or other health care. Services may include:

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

I agree that Michigan Medicine can share my child's health information as needed to provide care and handle billing. Staff may contact me about my child's care. Michigan Medicine may also share my child's health information with other outside health care providers involved in my child's care. I understand I can talk to my child's providers at any time and have the right to accept or refuse care. 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 consent for invasive procedures and special treatments such as when my child receives blood products. I understand that the practice of medicine is uncertain, outcomes may vary, and that some risks can't be avoided.

Assignment of Medical Benefits. I understand I must pay any co-pays, deductibles, or other charges not covered 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 give Michigan Medicine the right to collect payment from my child's insurance and I agree to assist with insurance claims if needed.

Communication Methods. Michigan Medicine, along with third party organizations acting on Michigan Medicine's behalf, uses many ways to communicate with patients. The method used will depend on the reason or reasons for communication. By providing Michigan Medicine with my contact information, I agree to receive communications in different methods, for example: automated calls, text messaging (including 2-way texting), billing notifications, patient portal, emails, surveys, etc. I further agree that Michigan Medicine, along with third party organizations acting on Michigan Medicine's behalf, can send me text messages more than three (3) times a week and that message and data rates may apply. I understand that I can choose not to participate in some or all of these methods, but I must communicate my wishes to staff or the third-party organization. Michigan Medicine may record incoming and outgoing phone calls with me for quality assurance and training purposes.

Telemedicine Services. I understand that my child may receive care through telemedicine services. Telemedicine has limits, such as not being able to detect some conditions without a full physical exam. There may also be technical difficulties like a lost connection or interruption.

Emerging Technologies. Michigan Medicine is committed to advancing healthcare through the development and use of innovative technologies, such as artificial, emerging and augmented intelligence tools and technology. As part of this commitment, my child's provider may record our specific interaction to assist in transcribing my child's health information into my child's medical record. I understand that I can opt out of a recording at any time and can only do so by telling the specific provider each time that I want to opt out of the recording of that interaction. Opting out will not affect interactions that were previously recorded, but I understand that Michigan Medicine will protect my child's health information according to state and federal laws.

I have read and understand the information on this form.

Signature of Parent or Legally Authorized Representative (If patient is unable to sign)

Date (mm/dd/yyyy)

Printed Name of Legally Authorized Representative (If patient is unable to sign)

Time: A.M. / P.M.

Relationship: ☐ Parent ☐ Next-of-Kin ☐ Legal Guardian

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Important Patient Information – the items listed below do not require patient/guardian consent and are for informational purposes only.

1. **Michigan Medicine is a Teaching and Research Center.** Trainees supervised by teachers may be involved in your child's medical care, and they, along with other staff, may access your child's health information for teaching, research, or developing products, some of which might be commercialized. Researchers at Michigan Medicine may also look at your child's medical records to see if your child could participate in future studies and may contact you. To use your child's health information in these ways, Michigan Medicine must follow state and federal laws, university rules, and keep your child's information confidential. As allowed by law, Michigan Medicine owns any extra tissues, fluids, or specimens taken from your child's body during tests or medical procedures and that are not necessary for your child's diagnosis or treatment. They can use, retain, preserve, manipulate, study, dispose of, or share these materials and your child's health information with other organizations for any lawful purpose including teaching, research, or product development, as long as they protect your child's privacy. You won't earn any money if your child's health information, tissues, fluids, and/or specimens are used in a commercial product. Treatments or tests your child receives could have been developed by your child's provider, which are properly verified to meet all legal standards, and your child's provider might benefit financially from them.

2. **Human Immunodeficiency Virus (HIV)** is the virus that causes AIDS. 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. This type of contact can happen through broken skin, an open wound, or mucous membranes (like the eyes, nose, or mouth). If this type of contact occurs, your child's blood can be tested without your consent. If a test is done, your child will receive the test results and counseling as needed.

3. **Safety and Security.** To keep everyone safe, Michigan Medicine may inspect or ban personal devices like cell phones, especially those with cameras or video. Smoking/Vaping, tobacco, and non-FDA approved marijuana products are not allowed at Michigan Medicine. 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.

4. **Photography or Recording Done by or Arranged by Patients/Families.** Patients and families are not guaranteed the right to take photos or videos at Michigan Medicine.

   However, photography or recording may be permitted using their own devices subject to the following guidelines:

   - You must stop recording if asked by staff or if it interferes with care, privacy, safety, or operations.
   - You may only record yourself or your own family member.
   - You cannot include other patients, staff, or faculty without their verbal permission.
   - These recordings cannot be added to the medical record.