

ADMISSION CONSENTS

Resident Name: _____

CONSENT TO TREAT

The Resident hereby consents to routine nursing services or emergency care as rendered by Facility under the general and specific instructions of Resident's physician (or designated alternate physician). The Resident acknowledges that an x-ray examination, laboratory procedure, physical therapy, speech therapy, occupational therapy, respiratory therapy, treatment or medication and other ancillary service may be rendered under the general or special instructions of Resident's physician as part the general nursing care provided by the Facility.

Date RESIDENT OR LEGAL REPRESENTATIVE

Date RESPONSIBLE PARTY / RESIDENT'S AGENT

Date FACILITY REPRESENTATIVE

The Responsible Party or designated Resident Representative may consent on the Resident's behalf **only** if the Resident is unable to consent on his or her own behalf. If resident does not sign then Physician must provide a written explanation for the exception.

CONSENT TO DISCLOSE MEDICAL RECORD

The Resident authorizes any and all skilled nursing facilities, intermediate care facilities, hospitals, or physicians to furnish to Facility, the Social Security Administration or their agents, and all fiscal intermediaries and carriers all requested information from the Resident's medical or financial records.

The Resident authorizes Facility to disclose all or any part of the Resident's medical or financial records to any person or entity which is or may be liable under contract to Facility, to the Resident, or to a family member or employer of the Resident to pay all or a portion of the cost of care provided to the Resident, including, but not limited to, hospital or medical service companies, health care companies, insurance companies, Workers' Compensation carriers, welfare funds, or the Resident's employer or the Facility's auditors.

Date RESIDENT OR LEGAL REPRESENTATIVE

Date RESPONSIBLE PARTY / RESIDENT'S AGENT

Date FACILITY REPRESENTATIVE

CONSENT TO PHOTOGRAPH

A. The Resident agrees to permit Facility to make photographs of the Resident for use in medical treatment, staff orientation, name and room identification. These photograph may be used to help locate the Resident in the event of unauthorized absence from Facility, but will be otherwise kept confidential.

Initial

B. The Resident grants the Facility permission to interview and to photograph Resident for social activities and to use these photographs for publication, promotion and advertising in connection with the Facility activities.

Initial

(Please initial each Section for which you are giving your consent.)

Date RESIDENT OR LEGAL REPRESENTATIVE

Date RESPONSIBLE PARTY / RESIDENT'S AGENT

Date FACILITY REPRESENTATIVE