Patient Service Agreement and Consents
Hospital Inpatient, Outpatient, Physician Services and
Boys Town Behavioral Health Clinics

1. CONSENT. The undersigned patient/client, or their legally authorized representative ("Patient"), acknowledges that they have a condition requiring certain medical diagnosis, behavioral health diagnosis and medical, behavioral health or surgical treatment ("Services"). Patient voluntarily consents to such Services, including routine hospital, outpatient care or behavioral health services, as is judged necessary and appropriate by Father Flanagan's Boys' Home a/k/a Boys Town, also d/b/a Boys Town National Research Hospital, its clinics, affiliates, institutes, officers, physicians, technitians, nurses, medical staff, medical professionals, psychologists, post-doctoral fellows, assistants, representatives, contractors, agents, designees, volunteers, and employees (collectively, "Boys Town"). Boys Town makes no warranty or guaranty as to the manner, methods, and results of the Medical Services. Medical Services will be rendered according to Boys Town's policies and procedures and in accordance with generally accepted medical practices. Patient understands that they have the right to refuse Services and that Patient does not consent to any specific Service by signing this consent. Boys Town will ask the Patient to sign additional forms acknowledging informed consent to specific recommended Medical Services.

2. ASSIGNMENT OF BENEFITS. Patient assigns and directs all healthcare insurance, coverage, policy, plans, and other related benefits (collectively, "Healthcare Benefits") be paid to Boys Town so that the Healthcare Benefits may reimburse Boys Town for some or all of the Medical Services rendered. Healthcare Benefits include, but are not limited to, all benefits for all medical and hospitalization insurance, accident insurance, disability or loss-of-income insurance, Medicaid, and Tricare, benefits payable by alternative delivery systems such as HMOs and PPOs or arising from worker's compensation or occupation disease claims; and proceeds to which Patient is entitled. Patient agrees that Boys Town may directly receive Healthcare Benefit payments and discharge the payor to the extent of such payments made. Any credit balance may be applied to any other account owed by Patient, if applicable. This assignment may not be revoked as to services provided during this hospitalization or course of diagnosis and treatment. Patient certifies that information they have provided to Boys Town is true, accurate, and complete.

3. FINANCIAL AGREEMENT. Patient remains financially responsible for the full payment of Services rendered by Boys Town, except to the extent said services are covered by Patient's Healthcare Benefits. Patient understands that they are responsible for payment of any amounts not covered by their Healthcare Benefits. Patient also understands that it is their responsibility to obtain any prior approvals required by their Healthcare Benefit provider, and to take any other steps to qualify for benefit coverage.

4. RELEASE OF INFORMATION TO THIRD PARTY PAYORS. Patient understands and consents to Boys Town's disclosure of their medical record and protected health information to any person or entity which may be responsible for payment or reimbursement of all or any portion of the charges incurred in providing Services including, but not limited to, any private insurance carrier, Healthcare Benefit provider, Medicare, Medicaid, and Tricare insurer, and other third-party payor. Patient also understands and consents to Boys Town's release at any time of the medical records from this hospitalization, Medical Services, or other services to any physicians or other health care professionals (and their staff) that may require protected health information in connection with Patient's current or subsequent health care.

5. MEDICARE PATIENTS ONLY - ASSIGNMENT AND CERTIFICATION. If applicable, Patient also assigns and directs all Medicare benefits to be paid to Boys Town so that Medicare benefits may also reimburse Boys Town for some or all of the Medical Services rendered. Until revoked, this statement applies to all occasions in which Services are rendered by Boys Town to the Patient.

6. MEDIGAP PATIENTS ONLY - ASSIGNMENT OF MEDIGAP BENEFITS. If applicable, Patient also assigns and directs all Medigap benefits to be paid to Boys Town so that the Medigap benefits may also reimburse Boys Town for some or all of the Medical Services rendered. Until revoked, this statement applies to all occasions in which Medical Services are rendered by Boys Town to the Patient.
7. PERSONAL VALUABLES. Boys Town is not responsible for any of Patient’s lost or stolen personal property or valuables during Patient’s appointments or hospitalization. Patient understands that personal property and valuables (for example, money, cell phones, mobile devices, and jewelry) should be entrusted to a family member or friend or left at home when they are not able to remain with the belongings. Patient unconditionally releases and holds Boys Town harmless from all responsibility for any personal possessions, property, or valuables brought to any Boys Town facility.

8. NOTICE OF PRIVACY PRACTICES. Patient acknowledges that they have been provided a copy of Boys Town’s Notice of Privacy Practices. (Please circle yes or no. YES NO)

9. PATIENT/CLIENT RIGHTS AND RESPONSIBILITIES. Patient acknowledges that they have been provided a copy of the Patient or Clients Rights and Responsibilities document. (Please circle yes or no. YES NO)

10. RESEARCH STUDIES. Patient is ok with researchers conducting studies at Boys Town contacting them in regard to experimental research studies that may be of interest to the Patient. (Please circle yes or no. YES NO)

11. HEALTH INFORMATION EXCHANGE (HIE). Boys Town is a participating provider in Health Information Exchanges, which allows healthcare providers to appropriately access and securely share a patient’s vital medical information electronically with their other healthcare providers, improving speed, quality, safety and cost of patient care. Patient understands that their health information will be included in Health Information Exchanges unless they opt out. Patient has received information on how to opt out of the HIEs which Boys Town currently partners with.

12. CONTACT BY TELEPHONE. By providing us with your landline, mobile, or cellular phone number(s), you give your consent for us, our agents, and our collection agents, to contact you at these numbers, or, at any number that is later acquired for you, and, to leave live, or pre-recorded messages, or voice or text messages, regarding any accounts or services. For greater efficiency, calls may be delivered by an auto-dialer. Providing us a telephone (landline or mobile) number is not a condition of receiving our services.

13. AUTHORIZATION TO LEAVE PROTECTED HEALTH INFORMATION (PHI) ON PERSONAL VOICEMAILS. By providing a landline, mobile, or cellular phone number(s), the Patient gives consent for Boys Town to contact the Patient at these numbers, or, at any number that is later acquired for the Patient. The Patient consents for Boys Town to communicate with the Patient, leave pre-recorded messages or voice messages regarding treatment. The Patient understands that messages left on a voicemail that does not identify the patient’s name or phone number will only contain the caller’s name, the provider’s office name and the call back number. The Patient understands that messages left on a voicemail for a shared phone number may be heard by someone else at that shared number. For greater efficiency, calls may be delivered by an auto-dialer. The Patient agrees by signing the consent that it is valid unless properly revoked.

I, the Patient, fully acknowledge the risks involved with leaving protected health information (PHI) on voicemails. I agree to waive my privacy rights in this area and allow my physician or other staff to perform this service in an effort to expedite communications regarding results of tests. PHI messaging would include lab results within normal limits; radiology results within normal limits; changes to medication, care or treatment for an existing condition or upcoming appointments. (Please circle yes or no. YES NO)

14. VIDEO RECORDING (BEHAVIORAL HEALTH CLINICS ONLY). I understand that appointments may be videotaped for supervision purposes. This is to ensure the patient is being provided quality care. The therapist will request a separate consent form be completed if they would like to use the videotaped appointment for reasons other than supervision.

15. PLAYROOM AND TEEN ROOM (BEHAVIORAL HEALTH CLINICS ONLY). The Playroom and Teen Room are provided for convenience only and are monitored by a live video feed. Children and their parents/guardians shall use the Playroom or Teen Room at their own risk. Boys Town shall assume no liability or responsibility for any damage, loss, injury or any liability of any kind resulting from anyone’s use of the Playroom or Teen Room.
I certify that I have read or had read to me the contents of this document. I understand and voluntarily accept its terms. I have had the opportunity to ask questions and any questions I asked have been answered in a satisfactory manner. If I am signing for someone else, I represent that I have legal authority to do so.

Patient Name (PRINT) ________________________________

Legally Authorized Representative Name (PRINT) ________________________________

Signature ________________________________
(Patient or Legally Authorized Representative)

Date ________________________________ Time ________________________________

Relationship to Patient: ________________________________

(Witness to Verbal Consent) ________________________________ (Witness to Verbal Consent) ________________________________

A photocopy of this document shall be considered as valid as the original.

FOR OFFICE USE ONLY: DOCUMENTATION OF GOOD FAITH EFFORT/NOTICE OF PRIVACY PRACTICES
- Patient/parent/legal guardian had already received the Notice of Privacy Practices at one of the Boys Town locations.
- Attempted to distribute the Notice of Privacy Practices to the patient/parent/legal guardian, but the patient/parent/legal guardian declined to acknowledge the receipt of the Notice of Privacy Practices.
- Patient/parent/legal guardian was unable to acknowledge receipt of the Notice of Privacy Practices at one of the Boys Town locations.
- The Notice of Privacy Practices was mailed to the patient/parent/legal guardian.