

# Littleton Regional Healthcare

600 St. Johnsbury Road  
Littleton, New Hampshire 03561

## CONSENT FOR TREATMENT

45 CFR PARTS 160-164; NH RSA 151, et seq; CAH §483.563; §483.10; §485.638

1. **Consent to Medical, Nursing and Surgical Procedures.** I consent to and authorize Littleton Regional Hospital (LRH), its physicians, licensed independent practitioners, employees, students and other individuals involved in my care to administer such diagnostic procedures or treatment, or both, as may be ordered by the health care provider(s) caring for me at LRH to evaluate and treat my injury or illness. This consent applies to procedures or treatment provided in the emergency department, on an outpatient or inpatient basis, or in the skilled nursing area, and includes general duty nursing, surgical procedures, laboratory and other diagnostic procedures, x-ray examinations, anesthesia and other treatment(s) under the general and specific instructions of the physician(s) or other licensed independent practitioners supervising or providing my care at LRH. I acknowledge that I may be required to sign additional consent forms for certain specific medical treatments or procedures. I understand that the practice of medicine is not an exact science and I acknowledge that no guarantee or assurance has been made to me as to the effect, result, or outcome of any examination or treatment I may receive at LRH.

2. **Relationship Between Facilities and Physicians.** I acknowledge that medical and surgical services at LRH are provided by LRH employees and agents, as well as by physicians on its Medical Staff and other health care providers, many of whom are not employees of LRH but are licensed independent practitioners who have been granted the privilege of using LRH facilities for the care of their patients. I understand that LRH affiliates with teaching institutions and, at times, my care may be provided by medical, nursing, or other health care personnel in training, to which I consent. I also consent to the presence of medical, nursing, and other health care personnel who may not be directly involved in my care but who serve in educational or training functions. I understand that my attending physician (or his or her designee) will be responsible for my care at all times while I am a patient at LRH.

3. **Release of Information.** I acknowledge that it is the policy of LRH that patient health information is confidential and shall not be disclosed unless permitted or required by law or I have specifically authorized the disclosure in writing. I authorize LRH to release my health information: (i) to physicians and other health care practitioners on the LRH Medical Staff who are involved in my health care now and in the future; and (ii) to other health care providers, entities and institutions for the purpose of my continued care and treatment, including referrals. I also authorize LRH to release my health information to my insurance company, HMO, or other third-party payors, as necessary to bill and receive payment for my care. I recognize that information released for the purposes described in this paragraph may include sensitive information such as alcohol/drug abuse treatment, mental health and HIV/AIDS information, and I authorize the release of all such information as necessary. I understand that my consent for release of my health information may be revoked in writing at any time except to the extent that LRH or my health care provider(s) have already taken action in reliance on my consent.

4. **Facility Directory (Inpatients & Emergency Room Only).** I acknowledge that LRH may include certain limited personal information about me in the hospital directory while I am a patient at LRH. This information may include my name, location in the hospital (room number), my general condition (fair, stable, etc.) and my religious affiliation. I understand that the directory information, except for my religious affiliation, may be released to people who ask for me by name, so that my family and friends can visit me at LRH and generally know how I am doing. Directory information including my religious affiliation may be released to clergy so they can visit me at LRH. I understand that I have the right to opt out of including my name in the facility directory for anyone except my health care providers at LRH. If I do opt out, I understand that LRH will be unable to notify others of my presence at LRH, including for flower deliveries, phone calls, and visits from family members, clergy, and friends. I understand that, as permitted by law, LRH may include my personal information from the hospital directory in the event I am incapacitated or undergoing emergency medical treatment, but such use of my personal information shall be consistent with my prior expressed wishes, if any.

*[Please initial your choice regarding inclusion in the hospital directory:]*

\_\_\_\_\_ Yes, LRH **may** list my name and other limited personal information in the facility directory, as described above.

\_\_\_\_\_ No, LRH **may not** list my name and other limited personal information in the facility directory, as described above.

5. **Notice of Privacy Practices Acknowledgement.** I understand that LRH's "Notice of Privacy Practices," as required by federal law provides detailed information about how LRH may use and disclose my protected health information, and also describes my rights concerning my protected health information. I understand that I have a right to receive a paper copy of the Notice of Privacy Practices or that I may review an electronic copy at LRH's website, [www.littletonhospital.org](http://www.littletonhospital.org). I acknowledge that I have been offered a paper copy of LRH's Notice of Privacy Practices.

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