

Maine Coast Memorial Hospital
Rehabilitation Service
50 Union Street
Ellsworth, ME 04605

PATIENT AUTHORIZATION RECORD

PLEASE READ CAREFULLY

IMPORTANT INFORMATION ABOUT YOUR OUTPATIENT SERVICES

Consent to admission and treatment: I understand that my hospital care will be provided according to my physician's orders. I am consenting to general medical treatment and diagnostic services along with minor procedures that may become necessary.

Teaching Program: MCMH maintains teaching affiliations with nursing and other health care professional schools. Unless I tell a MCMH staff member otherwise, I consent to students participating in my care.

Personal Belongings: I understand that MCMH is not responsible for my personal belongings. I understand it is strongly recommended that I send these items home with family or friends.

Financial Agreement: I acknowledge responsibility for any MCMH charges not covered by my insurance company. I further assign benefits and request that payment of benefits be made on my behalf to MCMH.

Release of Information: Unless I direct otherwise, MCMH will provide information about my general condition and presence in the facility in response to questions from callers.

I have read and understand the information above and have had an opportunity to have my question answered to my satisfaction. I agree to all of the conditions described above. I understand a copy of this consent will be provided to me upon my request.

Signature of patient or authorized agent
Date

Relationship to patient