

ADMISSION / REGISTRATION AGREEMENT Center For Cancer Care

CONSENT AND TREATMENT AUTHORIZATION: I hereby apply for and consent to admission and treatment by this Hospital and its Medical Staff, at the **CENTER FOR CANCER CARE covering visits for 365 days from the date I sign this agreement**, and authorize all routine hospital activities, treatments, examinations, and diagnostic services. I, the undersigned, have read and fully understand this agreement. My signature acknowledges that I have been given the opportunity to satisfy myself by asking questions about the Admission/Registration Agreement. I voluntarily give my consent to hospital care, and I accept the conditions of hospital care. I understand that the practice of medicine is not an exact science and that diagnosis and treatment may involve risks of injury or even death. During the course of my care and treatment, I understand that various types of tests and diagnostic treatment procedures (“Procedures”) may be necessary. I consent to Healthcare Professionals performing Procedures as they may deem reasonably necessary or desirable in the exercise of their professional judgment, **including** those Procedures that may be unforeseen or not known to be needed at the time this consent is obtained. I consent to the observation and participation of personnel-in-training, representatives, technicians, and students in my care and treatment. I acknowledge that no guarantees have been made to me as to the result of examination or treatment in this hospital.

I understand that Procedures may be performed by physicians, nurses, technicians, physician assistants or other healthcare professionals (“Healthcare Professionals”). While routinely performed without incident, there may be material risks associated with each of these Procedures. I understand that it is not possible to list every risk for every Procedure and that this form only attempts to identify the most common material risks and the alternatives (if any) associated with the Procedures. I also understand that various Healthcare Professionals may have differing opinions as to what constitutes material risks and alternative Procedures. The Healthcare Professionals participating in my care will rely on my documented medical history, as well as other information obtained from me, my family or others having knowledge about me, in determining whether to perform or recommend the Procedures; therefore, I agree to provide accurate and complete information about my medical history and conditions; and I understand that I may withdraw my consent for any test or procedure at any time. If I have any questions or concerns regarding these Procedures, I will ask my physician to provide me with additional information. I also understand that my physician may ask me to sign additional Informed Consent documents.

The Procedures may include, but are not limited to the following:

- (1) **Needle Sticks**, such as shots, injections, intravenous lines, or intravenous injections (IVs). The material risks associated with these types of Procedures include, but are not limited to, nerve damage, infection, infiltration (which is fluid leakage into surrounding tissue), disfiguring scar, loss of limb function, paralysis or partial paralysis or death. Alternatives to Needle Sticks (if available) include oral, rectal, nasal, or topical medications (each of which may be less effective) or refusal of treatment.
- (2) **Physical tests, assessments and treatments** such as vital signs, internal body examinations, wound cleansing, wound dressing, range of motion checks, and other similar procedures. The material risks associated with these types of Procedures include, but are not limited to, allergic reactions, infection, severe loss of blood, muscular-skeletal or internal injuries, nerve damage, loss of limb function, paralysis or partial paralysis, disfiguring scar, worsening of the condition and death. Apart from using modified Procedures and/or refusal of treatment, no practical alternatives exist.
- (3) **Administration of Medications** whether orally, rectally, topically or through the eye, ear or nose. The material risks associated with these types of Procedures include, but are not limited to, perforation, puncture, infection, allergic reaction, brain damage or death. Apart from varying the method of administration and/or refusal of treatment, no practical alternatives exist.
- (4) **Drawing Blood, Bodily Fluids or Tissue Samples** such as those done for laboratory testing and analysis. The material risks associated with this type of Procedure include, but are not limited to, paralysis or partial paralysis, nerve damage, infection, bleeding and loss of limb function. Apart from long-term observation and/or refusal of treatment, no practical alternatives exist.
- (5) **Insertion of Internal Tube** such as bladder catheterizations, nasogastric tubes, rectal tubes, drainage tubes, enemas, etc. The material risks associated with these types of Procedures include, but are not limited to, internal injuries, bleeding, infection, allergic reaction, loss of bladder control and/or difficulty urinating after catheter removal. Apart from external collection devices or refusal of treatment, no practical alternatives exist.

CONDITIONS OF ADMISSION
Center For Cancer Care

PLACE LABEL HERE