

A. Consent to Medical, Surgical, and Ambulatory Outpatient Care and Treatment

I consent to the procedures that may be performed during this hospitalization or while I am an outpatient and/or receiving ambulatory medical care. These may include, but are not limited to, emergency treatment or services, laboratory procedures, X-ray examinations, medical or surgical treatment or procedures, telehealth services, anesthesia or hospital services provided to me under the general and special instructions of my physician or surgeon. I understand that the practice of medicine and surgery is not an exact science and that diagnosis and treatment may involve risks of injury or even death. I acknowledge that no guarantees have been made to me regarding the result of examination or treatment in this facility.

B. Nursing Care

This facility provides only general nursing care and care ordered by a physician. If I want a private duty nurse, I agree to make such arrangements. NorthBay Healthcare Group is not responsible for failure to provide a private duty nurse and is hereby released from any and all liability arising from the fact that it does not provide this additional care.

C. Legal Relationship between NorthBay Healthcare Group and Physicians

All physicians and surgeons furnishing services to me, including the radiologist, pathologist, emergency physician, anesthesiologist and others, are not employees, representatives or agents of NorthBay Healthcare Group. They have been granted the privilege of using NorthBay Healthcare Group's medical facilities for the care and treatment of their patients, but they are not employees, representatives or agents of NorthBay Healthcare Group. They are independent practitioners. I understand that I am under the care and supervision of my attending physician or primary care physician and it is the responsibility of NorthBay Healthcare Group's clinical staff to carry out the instructions of that physician or surgeon. My provider is responsible for obtaining my informed consent, when required, to medical or surgical treatment, special diagnostic or therapeutic procedures or hospital or other facility services provided to me under my physician's general and special instructions.

D. Teaching Program

As part of its commitment to serve the long-term health care needs of the community, NorthBay Healthcare Group, (NorthBay Medical Center, NorthBay VacaValley Hospital and all NorthBay associated clinics and medical facilities) participates with other hospitals, schools and public agencies in the training of health care professionals, including but not limited to medical students, physicians in residency programs, physician assistants, nursing and pharmacy students and students in other healthcare training programs. I understand and specifically consent to the fact that students, residents and other trainee health care professionals in hospital approved training programs may provide patient care to me while I am either hospitalized at NorthBay Medical Center or NorthBay VacaValley Hospital or being seen in one of NorthBay's outpatient facilities under the supervision of a licensed healthcare professional.

E. Maternity Patients

If I deliver an infant while a patient of this hospital, I agree that this same Consent for Treatment and Financial Agreement applies to the infant. I authorize a representative of NorthBay Healthcare Group to photograph my newborn infant while under the care of that hospital for identification and security purposes only. I understand that I may purchase the pictures of my newborn infant if I so desire.

F. Consent to Photography

I understand that no personal videotaping or photography is allowed during patient care procedures and visits to protect the privacy and safety of NorthBay Healthcare Group patients and staff. However, I

further understand that NorthBay Healthcare Group may have need to photograph me for healthcare operations such as patient identification, peer review or medical education and I consent to such photography. "Photography" as used in this section shall mean video or still photography, in digital or other format, and any other means of recording or reproducing images.

G. Advance Directive/Living Will (Clinics & ASC)

I understand that if an emergency medical condition should occur while I am at a NorthBay Healthcare Group outpatient facility, I will be transferred to a hospital for further evaluation and treatment. I understand that if I have an advance directive or living will the Surgery Center will not honor any requests not to resuscitate and will still transfer me to a hospital which will make decisions about following any advance directives or living will.

H. Personal Valuables

As a patient, I am encouraged to leave personal items at home. The hospitals maintain a fireproof safe for the safekeeping of money and valuables. NorthBay Healthcare Group's hospitals and other medical facilities are not liable for the loss of or damage to any money, jewelry, documents, eyeglasses, dentures, hearing aids, cell phones, laptops, other personal electronic devices or other articles that are not placed in the hospital safe. Hospital liability for the loss of personal property deposited with the hospital for safekeeping is limited by law to Five Hundred Dollars (\$500) unless the patient receives a written receipt for a greater amount from the hospital.

I. Smoke-Free Facility

We are a smoke-free facility and property. Smoking/vaping is prohibited at all times as it is a regulatory violation and is not supported by the health care community. Although therapeutic clinical ambulation is allowed, any independent wandering of a patient outside for any purpose is a safety concern and is also prohibited. Because staff are not permitted to attend to clinical needs outside the hospital proper a patient's health and safety are at risk when they leave the building especially unaccompanied. Patients who disregard this policy and choose to independently ambulate outdoors assumes all liability/risk and will be subject to being re-admitted through the Emergency Department.

J. Financial Agreement

The undersigned agrees, whether he/she signs as agent or as patient, that in consideration of all services to be rendered to the patient, he/she hereby individually obligates himself/herself to pay the account of the hospital and/or the account of the outpatient services in accordance with the regular rates and terms of NorthBay Healthcare Group. Should that account be referred to an attorney or agency for collection, the undersigned agrees to pay those actual attorney fees and collection expenses incurred because of the referral. All delinquent accounts shall bear interest at the legal rate. Should the matter go to a legal action in court, the prevailing party shall be entitled to its attorney's fees and costs. In accordance with the Fair Credit Reporting Act (15 U.S.C. §1681), NorthBay Healthcare Group may access your credit report for the purpose of determining your ability to pay for your healthcare services. Your credit information will be securely disposed of and will not be stored by NorthBay Healthcare.

I authorize NorthBay Healthcare Group and all clinical providers who have provided care or interpreted my tests, along with any billing service and their collection agency or attorney who may work on their behalf, to contact me at any number I am providing or have previously provided orally or in writing, including my cell phone which could result in text/data charges to me, my home phone, or VoIP (voice over internet provider) using pre-recorded messages, artificial voice messages, automatic telephone dialing devices or other computer assisted technology, or by electronic mail, text messaging or by any

other form of electronic communication for any follow-up purposes and to discuss any past, current or future services, including billing and collections.

Professional services rendered by independent contractors are not part of the hospital bill. These services will be billed to the patient separately. I understand that physicians or other health care professionals may be called upon to provide care or services to me or on my behalf, but that I may not actually see, or be examined by, all physicians or health care professionals participating in my care; for example, I may not see physicians providing radiology, pathology, EKG interpretation and anesthesiology services. I understand that, in most instances, there will be a separate charge for professional services rendered by providers to me or on my behalf, and that I will receive a bill for these professional services that is separate from the bill for facility services.

Uninsured patients will be billed according to NorthBay's regular rates, which are NorthBay's Chargemaster rates. NorthBay's Chargemaster rates can be found on the Office of Statewide Health Planning and Development's website below. You can access this information by inserting the foregoing link in your mobile phone's web browser. Or, you may request to see the Chargemaster at the front desk by appointment. NorthBay cautions patients without insurance who receive treatment in the emergency room that emergency care may be very expensive. NorthBay encourages each patient to review the information at the link below and consider additional potential sources of funding for emergency medical treatment. Certain uninsured patients may qualify for financial assistance from NorthBay. - <https://oshpd.ca.gov/data-and-reports/cost-transparency/hospital-chargemasters/>.

K. Assignment of All Rights and Benefits

In consideration of the healthcare services provided to me or my dependent(s) by NorthBay Healthcare Group, I, the undersigned, hereby irrevocably and expressly assign and transfer to NorthBay Healthcare Group all of my rights, benefits, privileges, protections, claims and any other interest of any kind whatsoever due under my health insurance contract, plan or policy. The rights I am assigning include the right to payment, right to obtain plan documents, right to submit bills, right to appeal, right to sue, right to assert statutory claims (including breach of fiduciary duty), right to equitable relief, all contractual rights, and right to penalties, fees and interest, and right to seek attorney fees that I had, have or may have in the future ("Rights") against anyone, including without limitation, an insurance plan, health benefit plan, private or group health/hospitalization plan, self-funded plan, plan administrators, claim administrators, automobile liability, general liability, personal injury protection, uninsured or underinsured motor vehicle benefits, workers compensation plan, multiple employer welfare arrangement ("MEWA"), trust, collective, any third party payor, fund, alleged tortfeasor or any source of payment, insurance, indemnity or health/medical coverage of any kind ("Payors"). I consent, direct, authorize and request that any payment by any Coverage Source for Services be sent directly to NorthBay Healthcare Group, including without limit, all monies, amounts, checks, funds, wire transfers or recovery of any kind.

L. Appointment as Authorized Representative and Right to Sue

In consideration of the services provided to me by NorthBay Healthcare Group, I hereby designate NorthBay Healthcare Group as my duly authorized representative, to act on my behalf, in connection with all matters arising from or relating to healthcare services provided to me or my dependent(s), and to take all necessary action to recover any benefits, relief or payments due me or NorthBay Healthcare Group under my health insurance contract, plan or policy. NorthBay Healthcare Group is authorized to act as my representative to, without limitation, communicate with payors, plans, insurers, third party administrators, request verification of coverage/pre-certification/authorization, submit claims and appeals, receive all information, documentation, plans, benefit booklets, summary plan descriptions,

agreements, policies, protocols and any documents relating to my health benefits, policies or plans. NorthBay Healthcare Group is authorized to file any appeal, arbitration, lawsuit, or any other legal action in my name in order to obtain any benefits, relief or payments due me or NorthBay Healthcare Group under my health insurance contract, plan or policy, including without limitation, any contractual, statutory or common law rights that I have, including the right to benefits, payments, fiduciary duty, equitable relief, interest, penalties, and attorneys' fees against any Payors.

M. Agreement to Cooperate with Collection Efforts

In consideration of healthcare services received, I hereby agree to personally cooperate with, and take all steps necessary, required or reasonably requested by NorthBay Healthcare Group or any payor to effectuate, perfect, confirm or validate my assignment of benefits and appointment of NorthBay Healthcare Group as my authorized representative, and to assist NorthBay Healthcare Group with pursuing payment from any payor for healthcare services provided to me or my dependent(s). This includes, without limitation, providing documents or information to NorthBay Healthcare Group, signing documents requested or needed to pursue claims, appeals and formal legal actions, requesting documents from payors, and providing testimony in connection with any action in any forum, whether legal, formal or informal, without limitation, commenced or maintained by NorthBay Healthcare Group against any payor. I will inform any payor, and my own guardian(s), attorney(s) and other representative(s) that any payment, including all monies, amounts, checks, funds, wire transfers or recovery of any kind whatsoever be sent directly to NorthBay Healthcare Group. If any payor sends any payments or money directly to me, I agree to arrange for the immediate delivery of such payment(s) to NorthBay Healthcare Group, and will endorse or caused to be endorsed by my representative any checks and/or other documents necessary for the payments to be deposited in NorthBay Healthcare Group's account. I understand that I remain personally liable for payment for the healthcare services provided to me or my dependent(s) to the furthest extent of the law, and that nothing in this agreement is relieves me of that responsibility.

N. Health Plan Contracts

NorthBay Healthcare Group maintains a list of health plans with which it contracts. Instructions on how to obtain this list are available upon request from the Registration Department. All physicians and surgeons, including the radiologist, pathologist, emergency physician, anesthesiologist and others will bill separately for their services. It is my responsibility to determine if the provider and medical facilities providing services to me contract with my health plan.

Español (Spanish)	Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-294-3600 (TTY: 1-855-778-8558).
繁體中文 (Chinese)	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-294-3600 (TTY: 1-855-778-8558)。
Tiếng Việt (Vietnamese)	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-294-3600 (TTY: 1-855-778-8558).
Tagalog – Filipino	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-294-3600 (TTY: 1-855-778-8558).
한국어 (Korean)	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-294-3600 (TTY: 1-855-778-8558)번으로 전화해 주십시오.
Հայերեն (Armenian)	ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Ձանգահարեք 1-888-294-3600 TTY (հեռատիպ)՝ 1-855-778-8558):
فارسی (Farsi/Persian)	اگر به فارسی صحبت می کنید ، خدمات کمک به زبان ، بصورت رایگان در دسترس شماست. با شماره 1-888-294-3600 تماس بگیرید (TTY: 1-855-778-8558)
Русский (Russian):	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-294-3600 (телетайп: 1-855-778-8558).
日本語 (Japanese):	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-888-294-3600 (TTY: 1-855-778-8558) まで、お電話にてご連絡ください。
اثيرعلا (Arabic)	إذا كنت تتحدث العربية ، فإن خدمات المساعدة اللغوية مجانية لك. اتصل برقم 1-888-294-3600 (TTY: 1-855-778-8558).
ਪੰਜਾਬੀ (Punjabi)	ਧਿਆਨ ਿਚ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤੁਹਾਨੂੰ ਿਓਂਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-888-294-3600 (TTY: 1-855-778-8558) 'ਤੇ ਕਾਲ ਕਰੋ।
ខ្មែរ (Cambodian):	ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-888-294-3600 (TTY: 1-855-778-8558)។
Hmoob (Hmong):	Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-888-294-3600 (TTY: 1-855-778-8558).
हिंदी (Hindi)	ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-888-294-3600 (TTY: 1-855-778-8558) पर कॉल करें।
ภาษาไทย (Thai):	เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-888-294-3600 (TTY: 1-855-778-8558).