Corewell Health™

Patient Name	
DOB	
MRN	
Physician	
CSN	

NOTICE OF NONDISCRIMINATION:

Corewell Health complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Corewell Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex or any other basis prohibited by law.

I AGREE:

- To examination and treatment by providers, residents, students, and other healthcare professionals at Corewell Health. This may include in-person, shared medical appointment, telemedicine, videotaping, photographing and audio devices. These tools may be used to treat/diagnose or for procedures to be performed for medical, scientific and/or personal safety.
- As discussed and agreed, the provider may change my and/or my child's care to benefit my life or health.
- If I am here to give birth, the provider and other healthcare professionals may give care to my baby.
- If I am participating in a shared medical appointment, I will attend this appointment with other patients. During these appointments, personal information about me may be shared by my provider to others.
- The provider may obtain specimens of my blood, urine and other bodily fluids/tissues ("specimens"). I authorize the provider to retain and preserve these specimens for scientific and teaching purposes as well as perform other tests not related to my diagnosis on these specimens. The provider may dispose of these specimens as it chooses.

I UNDERSTAND THAT:

- I will ask questions.
- I am aware the practice of medicine and surgery is not an exact science. No one has made promises or guarantees to me about the results of my treatment, care, or examination at Corewell Health.
- Students and staff may see me and look at my medical record for teaching or research purposes.
- The staff will double-check who I am. They will ask what I am having done. This is to protect me.
- Some providers and staff are not employees of Corewell Health. I know that Corewell Health is not responsible for their care or other actions. I also know I will receive separate bills from them even though they provide services to me at a Corewell Health location. I will work with their offices to answer questions about my insurance.
- Michigan law allows healthcare providers to test my blood for HIV (AIDS virus) or Hepatitis without my consent if someone who has helped in my care is exposed to my blood or body fluids.
- A copy of the Corewell Health Financial Assistance Eligibility Policy is available upon request at all registration areas and on our website at:
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Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.

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