



Where Life Continues

Bronx Campus: 1740 Eastchester Road, Bronx, N.Y. 10461  
Brooklyn Campus: 3<sup>rd</sup> Floor - Lutheran Medical Center;  
150 55<sup>th</sup> Street, Brooklyn, NY 11220

**INDIVIDUAL CONSENT**

Patient Name: \_\_\_\_\_

*We understand that information about you and your health is personal, and we are committed to protecting the privacy of that information. Because of this commitment we must obtain your written consent before we may use or disclose your information as necessary to provide you with medical care, collect payment for that care, and run the normal business operations of the hospital. Please read carefully the information below before signing this form.*

**SPECIFIC UNDERSTANDINGS**

**Scope of Consent**

By signing this consent form, you:

- A. Authorize admission to Calvary Hospital, and/or its clinical departments or divisions and authorize Calvary Hospital, the physicians, dentists, and allied health professionals on its staff, the members of its House Staff, Nursing Staff, and Paramedical Staff, assisted by employees of Calvary Hospital, to provide such medical and/or dental care and to administer such routine diagnostic tests and procedures, including but not limited to, diagnostic x-rays; the administration and/or injection of pharmaceutical products and medications; the drawing and/or administration of blood pooled plasma, or other blood derivatives, as the attending physician and the above Calvary Hospital personnel deem necessary or advisable for care. You also authorize the taking or making of photographs in connection with the medical, research and education and other services received at the hospital center.
- B. Permit the hospital and its medical staff to share your protected health information for treatment, payment and normal business operations within the hospital setting. You will also permit the hospital and its medical staff to share your information with other persons or organizations outside the hospital that perform payment activities and business operations jointly with the hospital.
- C. Acknowledge that no guarantees have been made to you as the result of treatment or examination in Calvary Hospital.

**INDIVIDUAL CONSENT**



**Revoking Consent**

You have a right to revoke this consent anytime except to the extent that the hospital has already taken action based upon your consent. For example, if you revoke your consent after the hospital has provided you with treatment, the hospital will be permitted to use or disclose your protected health information to bill for that treatment even after you revoke your consent. To revoke this consent, please write to:

Jesus Kaiser, MS-HIM, RHIA  
Director of Health Information Management  
1740 Eastchester Road  
Bronx, New York 10461

**CONSENT SIGNATURE**

I have read this form and all of my questions about this form have been answered. By signing below, I acknowledge that I have read and accept all of the above.

---

Signature of Patient or Personal Representative

Date/Time

---

Witness (**Telephone Consent Only**)

Witness (**Telephone Consent Only**)

**CONTACT INFORMATION**

The contact information of the patient or personal representative who signed this form should be filled in below:

Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone:

\_\_\_\_\_ (daytime)

\_\_\_\_\_ (evening)

Email Address (optional):

\_\_\_\_\_



Where Life Continues

Bronx Campus: 1740 Eastchester Road, Bronx, N.Y. 10461  
Brooklyn Campus: 3<sup>rd</sup> Floor - Lutheran Medical Center;  
150 55<sup>th</sup> Street, Brooklyn, NY 11220

**INDIVIDUAL CONSENT**

**Voluntary HIV Testing Information**

New York State Public Health Law requires that an offer of HIV related testing be made to all persons between the ages of 13 and 64 receiving hospital or primary care services except under specific circumstances.

- HIV is the virus that causes AIDS and can be transmitted through unprotected sex (vaginal, anal, or oral sex) with someone who has HIV; contact with blood as in sharing needles (piercing, tattooing, drug equipment including needles), by HIV-infected pregnant women to their infants during pregnancy or delivery, or while breast feeding.
- There are treatments for HIV/AIDS that can help an individual stay healthy.
- Individuals with HIV/AIDS can adopt safe practices to protect uninfected and infected people in their lives from becoming infected or being infected themselves with different strains of HIV.
- Testing is voluntary and can be done anonymously at a public testing center.
- The law protects the confidentiality of HIV test results and other related information.
- The law prohibits discrimination based on an individual's HIV status and services are available to help with such consequences.
- The law allows an individual's informed consent for HIV related testing to be valid for such testing until such consent is revoked by the subject of the HIV test or expires by its terms. I may revoke my consent orally or in writing at any time. As long as this consent is in force, Calvary Hospital may conduct additional tests on me without asking me to sign another consent form. In those cases, by provider at Calvary Hospital will tell me if other HIV tests will be performed and will make a note in my medical record.

\_\_\_ **Yes**, I would like to speak to someone about HIV testing. (fax form to Emp Health at 2691)

\_\_\_ **No**, I do not wish to have an HIV test.

**Signature of Patient**

**Date**

**Time**

\_\_\_ Patient lacks decision making capacity

\_\_\_ Patient is >64 years of age with no known risk factors

\_\_\_ Patient already known to have HIV

**Signature of Hospital Representative**

**Date**

**Time**



Where Life Continues

Bronx Campus: 1740 Eastchester Road, Bronx, N.Y. 10461
Brooklyn Campus: 3rd Floor - Lutheran Medical Center;
150 55th Street, Brooklyn, NY 11220

INDIVIDUAL CONSENT

Voluntary Hepatitis C Testing Information

New York State Public Health Law requires that a Hepatitis C Virus (HCV) screening test be offered to every individual born between 1945 and 1965 receiving hospital or primary care services except under specific circumstances.

- There were 17,000 new Hepatitis C infections in 2010
• It is the major cause of liver disease
• It is the leading indication for liver transplants and the leading cause of Hepatocellular Carcinoma (HCC)
• HCV-related deaths doubled from 1999-2007 to over 16,000/year
• In 2007, HCV-related deaths began to exceed HIV-related deaths
• Persons born between 1945-1965 are five times more likely to be infected with HCV
• 45-85% of adults with chronic hepatitis C are unaware of their infection
• 45% of persons ever infected with HCV report no known risk
• There are no specific requirements for consent

Exceptions to the law:

- When the individual is being treated for a life threatening emergency.
• When the individual has previously been offered or has been the subject of a hepatitis C related test (unless otherwise indicated due to risk factors).
• When the individual lacks the capacity to consent (though in these cases the offer may also be made to an appropriate person who is available to provide consent on behalf of the patient).

Key Provisions—Follow-up Care:

- If an individual accepts the offer and the screening test is reactive, the health care provider must:
o Offer the individual follow-up health care, or
o Refer the individual to a health care provider who can provide follow-up health care
• Follow-up health care must include a hepatitis C diagnostic test (i.e., HCV RNS test)
• Yes, I would like to speak to someone about Hepatitis C testing. (FAX to Employee Health x2691).
• No, I do not wish to have a Hepatitis C test.

Signature of Patient

Date

Time

- \_\_\_ Patient lacks decision making capacity and no one is present to consent on patient's behalf
\_\_\_ Patient was born before 1945 or after 1965 with no known risk factors
\_\_\_ Patient already known to have Hepatitis C
\_\_\_ Patient already known to have been offered Hepatitis C testing

Signature of Hospital Representative

Date

Time