

UNDERSTANDING OF GENERAL CONSENT

This General Consent is about your care at Shirley Ryan AbilityLab. Please sign below to show that you have read (or it has been translated for you in a language you understand) and you agree to the statements in it.

CHANGES TO INSURANCE COVERAGE

If there are any changes to your insurance coverage, please contact your insurance provider. For more information, please call (312) 238-6039.

FINANCIAL ASSISTANCE

You may be eligible for financial assistance. If you would like additional information or a written copy of the Financial Assistance Policy, please contact a Shirley Ryan AbilityLab staff member or call (312) 238-6039 or visit [SRALab Financial Assistance](#).

GENERAL CONSENT

CONSENT FOR DIAGNOSIS, CARE AND TREATMENT

I agree to receive care at Shirley Ryan AbilityLab. I may receive care from my attending doctor or from different health care providers at Shirley Ryan AbilityLab, such as other doctors or other health care professionals.

If my visitors violate these rules, they may be required to leave Shirley Ryan AbilityLab immediately, and it could also result in my discharge from care

PERSONAL PROPERTY

I should not bring property to Shirley Ryan AbilityLab that I would miss if it were lost or stolen. Examples include electronic devices, glasses, jewelry, dentures, contact lenses, hearing aids, cash, checks, credit cards, or valuable papers. Shirley Ryan AbilityLab discourages me from having any cash on the premises. Property may be lost, damaged, or stolen. I am solely responsible for all of my property and my visitors' property. Shirley Ryan AbilityLab is not responsible for my property or my visitors' property.

CONSENT TO PHOTOGRAPH OR RECORD

In connection with the services I receive, Shirley Ryan AbilityLab can allow my providers or others to identify and photograph me. 5(t)1 ()-149 (p)33 (ro)33 (v)Q q 0 0 612 72o 792 re 338.85TT0 12 T

Rehabilitation may include community outings or other activities that may occur off the patient's unit or outside Shirley Ryan AbilityLab. These activities can be helpful to patients. Activities may or may not be supervised but are approved and planned in accordance with a patient's mental and physical ability. However, such activities can present risks. I allow Shirley Ryan AbilityLab to include such activities in my care. If the activity requires travel, I permit Shirley Ryan AbilityLab to provide transportation. I release Shirley Ryan AbilityLab from responsibility for any injury or other harm that may happen during such activities. I also release Shirley Ryan AbilityLab from responsibility for any injury or harm that may happen if I leave the unit, for building without permission or outside the scope of the permission. However, this release does not extend to injury or other harm that results from gross negligence or willful misconduct of Shirley Ryan AbilityLab or its employees.

USE OF SHIRLEY RYAN ABILITYLAB WIRELESS INTERNET SERVICE

I understand that Shirley Ryan AbilityLab offers patients and visitors free access to its wireless internet service. I agree that Shirley Ryan AbilityLab is not responsible for any problems associated with my use of the wireless internet service. I also agree that Shirley Ryan AbilityLab is not responsible for any damage to my devices, including but not limited to laptops, smartphones, iPads, and gaming systems, that may result from my use of the wireless internet service. I understand that Shirley Ryan AbilityLab cannot guarantee that the content or services I access through the wireless internet service will be free of viruses, worms, Trojan horses, or other harmful components. I agree to hold Shirley Ryan AbilityLab harmless for any and all claims arising out of my use of the wireless internet service.

NO CHANGES TO THE GENERAL CONSENT

I have read, understand, and agree to this General Consent. I have been given the opportunity to ask questions, and any questions I asked have been answered. I am signing this General Consent electronically rather than in person, I may call 312-281-1000 if I have questions. I am signing this consent based upon my own decision and choice without undue influence by anyone. This consent is effective for as long as I receive care at Shirley Ryan AbilityLab or until I sign a new consent. Shirley Ryan AbilityLab will not be bound by any changes I make to the General Consent.

Signatures on following page

