

**AGREEMENT FOR THE ASSIGNMENT AND ASSUMPTION
of
ADMISSION AGREEMENTS**

This **AGREEMENT FOR THE ASSIGNMENT AND ASSUMPTION OF ADMISSION AGREEMENTS** (this "Agreement") is entered into as of June 30, 2017, to be effective as of 12:01 a.m., HST, on July 1, 2017 ("Effective Time"), by and between MAUI REGION OF HAWAII HEALTH SYSTEMS CORPORATION, an agency of the State of Hawaii established in Section 323F-2(b)(3) and 323F-3.5 of the Hawaii Revised Statutes ("Transferor"), and MAUI HEALTH SYSTEM, A KAISER FOUNDATION HOSPITALS LLC, a Hawaii limited liability company ("Transferee"). Defined terms used herein but not otherwise defined herein shall have the meanings ascribed to them in the Transfer Agreement (as defined below).

BACKGROUND

A. Transferor and Transferee are parties to that certain Maui Regional Hospitals Transfer Agreement dated as of January 14, 2016 (the "Transfer Agreement"), as may be amended. Capitalized terms used but not otherwise defined herein shall have the meanings ascribed to them in the Transfer Agreement.

B. It is a condition to the Closing under the Transfer Agreement that Transferor assign to Transferee all of Transferor's right, title, and interest in, to, and under the Admission Agreements entered into with Residents receiving Skilled Nursing Services as of the Effective Time at the SNF within: (i) Lanai Community Hospital located at 628 7th Street, Lanai City, Hawaii 96763; or (ii) Kula Hospital & Clinic located at 100 Keokea Place, Kula, Hawaii 96790, and that Transferee assume Transferor's obligations with respect to such Admission Agreements, subject to the terms, conditions and limitations set forth herein and in the Transfer Agreement.

NOW, THEREFORE, in consideration of the premises, and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereto, intending to be legally bound, hereby agree as follows:

1. Transferor hereby assigns, transfers, and conveys all of its right, title, and interest in, to, and under the Admission Agreements to Transferee as of the Effective Time, each of which is described on **Exhibit A**, attached hereto and incorporated herein by reference.

2. Transferee hereby assumes all liabilities with respect to the Admission Agreements, provided, however, that nothing contained in this Agreement shall be construed as imposing any liability on Transferee for the acts or omissions of Transferor, or any other liability arising under the Admission Agreements prior to the Effective Time, all of which shall remain the sole responsibility of Transferor; and provided further, that nothing contained in this Agreement shall be construed as imposing any liability on Transferor for the acts or omissions of Transferee, or any other liability arising under the Admission Agreements as of or subsequent to the Effective Time, all of which shall be the sole responsibility of Transferee.

3. This Agreement may be signed in one or more counterparts, each of which will be deemed to be an original copy of this Agreement and all of which, when taken together, will be deemed to constitute one and the same agreement. The exchange of copies of this Agreement and of signature pages by facsimile transmission or Portable Document Format (PDF) constitutes effective signing and delivery of this Agreement as to the Transferor and Transferee, as applicable, and may be used in lieu of the original Agreement for all purposes. Signatures of the Transferor and Transferee transmitted by facsimile and PDF are deemed to be their original signatures for any purposes whatsoever.


4. This Agreement is to be governed by and construed in accordance with the internal laws of the State of Hawaii applicable to agreements made and to be performed entirely within the State of Hawaii, without regard to its conflicts of law principles that would obtain a different result. To the full extent permitted by applicable Legal Requirements, the Parties hereby waive any and all right to a trial by jury on the issue to enforce any term or condition of this Agreement.

*[Remainder of this page intentionally left blank.
Signatures appear on next page.]*

IN WITNESS WHEREOF, the parties hereto have executed and delivered this Agreement for the Assignment and Assumption of Admission Agreements as of the day and year first above written.

TRANSFEROR:

MAUI REGION OF HAWAII HEALTH
SYSTEMS CORPORATION,
an agency of the State of Hawaii

By: 
Name: Barry Shitamoto, M.D.
Title: Regional Chief Executive Officer

TRANSFeree:

MAUI HEALTH SYSTEM, A KAISER
FOUNDATION HOSPITALS LLC,
a Hawaii limited liability company

By: _____
Name: Mary Ann Barnes
Title: Chairperson of the Board

IN WITNESS WHEREOF, the parties hereto have executed and delivered this Agreement for the Assignment and Assumption of Admission Agreements as of the day and year first above written.

TRANSFEROR:

MAUI REGION OF HAWAII HEALTH
SYSTEMS CORPORATION,
an agency of the State of Hawaii

By: _____
Name: Barry Shitamoto, M.D.
Title: Regional Chief Executive Officer

TRANSFeree:

MAUI HEALTH SYSTEM, A KAISER
FOUNDATION HOSPITALS LLC,
a Hawaii limited liability company

By: Mary Ann Barnes
Name: Mary Ann Barnes
Title: Chairperson of the Board

Exhibit A
Admission Agreements

[See attached.]

EXHIBIT A

KULA HOSPITAL

1. Kula Hospital Resident Census as of 6/23/2017.
2. Kula Hospital Consent to and Conditions of Admission.

LANAI COMMUNITY HOSPITAL

1. Lanai Community Hospital Resident Census on 6/23/2017.
2. Lanai Community Hospital Consent to and Conditions of Treatment and Payment Agreement.

AGREEMENT FOR THE ASSIGNMENT AND ASSUMPTION OF ADMISSION AGREEMENTS

Ex. A, Wu Hospital, #1

Kula Hospital
Alphabetic Census
6/23/2017

Pt Loc / Conf Pt Pt Name	Enc #	Age/Gdr/MS	Birth Date	MRN	Care Lvl	Enc Str Date	Infectious Disease	Resp HP	Confidentiality
KUK3 U30202 / Agbayani, Cyrilla A.	110583029	82y / F / W	08/09/1934	61031919	ICF	06/22/2017		Nguyen, Kim Chi T. MD	
KU4S U40803 / Aagsalog, Dominador R.	110563934	50y / M / M	01/29/1967	61051734	ICF	05/22/2017		Nguyen, Kim Chi T. MD	Y
KUK3 U30402 / Albiar, Guilherme R.	110201332	96y / F / W	09/07/1920	61054814	ICF	03/01/2015		Nguyen, Kim Chi T. MD	
KU4N U40102 / Amorin, Winona	110201330	89y / F / W	01/30/1928	61031496	ICF	03/01/2015		Nguyen, Kim Chi T. MD	
KUK3 U30401 / Antonio, Hannah R.	110201312	91y / F / W	05/10/1926	61026191	ICF	03/01/2015		Nguyen, Kim Chi T. MD	
KU4N U40604 / Apoliona, Judith A.	110392050	74y / F / D	03/29/1943	61134282	ICF	04/28/2016		Nguyen, Kim Chi T. MD	
KU4N U40403 / Baugh, Marylou	110200950	82y / F / D	09/05/1934	61077716	ICF	03/01/2015		Nguyen, Kim Chi T. MD	
KU4N U40202 / Baybayan, Carlina D.	110326751	92y / F / W	11/01/1924	61053455	ICF	12/07/2015		Nguyen, Kim Chi T. MD	
KU4S U40802 / Besch, Michael S.	110201313	35y / M / S	07/22/1981	61077845	ICF	03/01/2015		Nguyen, Kim Chi T. MD	
KU4S U40703 / Callahan, Terrence J.	110563942	82y / M / S	09/18/1934	61166994	SNF	05/11/2017		Nguyen, Kim Chi T. MD	
KU4N U41401 / Comstock, James E.	110201410	79y / M / M	04/07/1938	61033034	ICF	03/01/2015		Nguyen, Kim Chi T. MD	
KU4N U40101 / Corpuz, Luisa V.	110541463	74y / F / M	01/30/1943	61076084	ICF	03/21/2017		Nguyen, Kim Chi T. MD	
KU4N U40201 / Dang, Myra M.	110200945	92y / F / S	02/26/1925	61051744	ICF	03/01/2015		Nguyen, Kim Chi T. MD	
KUK3 U30302 / Decambra, Josephine	110201323	87y / F / S	03/16/1930	61077850	ICF	03/01/2015		Nguyen, Kim Chi T. MD	
KU4S U40702 / Domingo, Sergio	110296518	79y / M / M	05/02/1938	61084689	ICF	10/01/2015	Contact	Nguyen, Kim Chi T. MD	
KU4S U41101 / Elkin, Edwin H.	110249154	81y / M / D	05/06/1936	61027412	ICF	06/26/2015		Nguyen, Kim Chi T. MD	
KU4N U41703 / English, Gordon B.	110254195	67y / M / D	01/15/1950	61031315	ICF	07/07/2015		Nguyen, Kim Chi T. MD	
KUK2 U20402 / Estrella, Mary F.	110548433	82y / F / W	12/02/1934	61031908	ICF	04/05/2017		Nguyen, Kim Chi T. MD	
KUHM U00501 / Gardner, Robert	110200973	21y / M / S	09/18/1995	61077725	ICF	03/01/2015		Nguyen, Kim Chi T. MD	Y
KUK3 U30501 / Genobia, Natividad	110456869	86y / F / M	09/08/1930	61150245	ICF	09/20/2016		Nguyen, Kim Chi T. MD	
KUK3 U30504 / Gibson, Lesley M.	110201294	97y / F / W	01/18/1920	61043772	ICF	03/01/2015		Nguyen, Kim Chi T. MD	
KUK3 U30101 / Gomes, Charlotte M.	110418506	88y / F / S	05/25/1929	61119486	SNF	06/29/2016		Nguyen, Kim Chi T. MD	
KU4N U41604 / Gusman, Carmen R.	110201296	72y / F / U	11/08/1944	61054698	ICF	03/01/2015		Nguyen, Kim Chi T. MD	
KU4S U41001 / Hall, Michael K.	110201282	50y / M / S	08/19/1966	61040960	ICF	03/01/2015		Nguyen, Kim Chi T. MD	
KU4N U40601 / Ham, Lorraine L.	110489745	86y / F / W	08/09/1930	61158431	ICF	12/05/2016		Nguyen, Kim Chi T. MD	
KUHM U00202 / Hensley, Krista J.	110200983	29y / F / S	08/28/1987	61077729	ICF	03/01/2015		Nguyen, Kim Chi T. MD	Y
KUHM U00201 / Hensley, Sarah J.	110201024	31y / F / S	03/26/1986	61077739	ICF	03/01/2015		Nguyen, Kim Chi T. MD	Y
KU4N U41402 / Heyer, Robert G.	110200878	92y / M / W	02/20/1925	61077698	ICF	03/01/2015		Nguyen, Kim Chi T. MD	
KU4N U40502 / Higa, Sachiko	110200863	97y / F / W	05/01/1920	61077692	ICF	03/01/2015		Apoliona, Nicole M. MD	
KU4N U41602 / Holbron, Maria M.	110200542	79y / F / W	10/31/1937	61077578	ICF	03/01/2015		Nguyen, Kim Chi T. MD	
KU4N U40401 / Ideta, Ellen K.	110201278	74y / F / S	02/21/1943	61070297	ICF	03/01/2015		Nguyen, Kim Chi T. MD	
KUK2 U20401 / Ige, Amy E.	110573238	85y / F / W	09/30/1931	61176513	ICF	05/30/2017		Nguyen, Kim Chi T. MD	
KUK3 U30301 / Ito, Ann U.	110200497	97y / F / U	01/11/1920	61077563	ICF	03/01/2015		Nguyen, Kim Chi T. MD	
KU4S U41304 / Ito, James J.	110444196	101y / M / M	04/05/1916	61027430	ICF	08/24/2016		Nguyen, Kim Chi T. MD	
KUHM U00401 / Kahoonahano, Kelly K.	110201042	55y / M / S	02/14/1962	61077744	ICF	03/01/2015		Nguyen, Kim Chi T. MD	
KU4S U41303 / Kajita, Isamu	110201469	86y / M / S	04/22/1931	61077884	ICF	03/01/2015		Nguyen, Kim Chi T. MD	
KUK3 U30303 / Kaona, Rita	110201265	81y / F / W	06/26/1935	61077833	ICF	03/01/2015		Nguyen, Kim Chi T. MD	
KU4N U40603 / Kegley, Lucy C.	110200425	100y / F / W	08/02/1916	61077535	ICF	03/01/2015		Nguyen, Kim Chi T. MD	
KUHM U00101 / Kim, Brent	110201003	48y / M / S	03/30/1969	61077734	ICF	03/01/2015		Nguyen, Kim Chi T. MD	
KU4N U40501 / Kimura, Dorothy	110212919	88y / F / W	06/07/1929	61081548	ICF	04/01/2015		Nguyen, Kim Chi T. MD	
KUK2 U20001 / Kratzman, Stephanie A.	110560991	61y / F / S	09/26/1955	61077836	ICF	05/02/2017		Nguyen, Kim Chi T. MD	

KUK3	U30503 / Kubo, Mieko	110201258	93y / F / W	07/18/1923	61077830	ICF	03/01/2015	Nguyen, Kim Chi T. MD
KU4N	U40103 / Kurisu, Jane	110264582	88y / F / W	12/24/1928	61098432	ICF	07/28/2015	Nguyen, Kim Chi T. MD
KUHM	U00502 / Lee, George	110579469	73y / M / S	07/22/1943	61056853	ICF	06/13/2017	Nguyen, Kim Chi T. MD Y
KUK3	U30304 / Lind, Daisy M.	110201263	87y / F / W	02/25/1930	61026825	ICF	03/01/2015	Nguyen, Kim Chi T. MD
KUHM	U00302 / Lucena, Britney	110200995	25y / F / S	01/02/1992	61077731	ICF	03/01/2015	Nguyen, Kim Chi T. MD
KU4N	U40602 / Makekau, Julie A.	110200817	77y / F / D	09/28/1939	61077675	ICF	03/01/2015	Nguyen, Kim Chi T. MD
KUK3	U30403 / Malcolm, Georgiana	110201255	83y / F / D	06/18/1934	61065034	ICF	03/01/2015	Nguyen, Kim Chi T. MD
KU4S	U40901 / Martin, Paul H.	110201262	78y / M / S	11/09/1938	61044084	ICF	03/01/2015	Nguyen, Kim Chi T. MD
KUK2	U20102 / Mau, Peggy	110395242	99y / F / W	07/07/1917	61121395	ICF	05/03/2016	Nguyen, Kim Chi T. MD
KUK2	U20701 / Mylenek, Margaret M.	110201485	93y / F / W	12/11/1923	61077887	ICF	03/01/2015	Nguyen, Kim Chi T. MD
KU4N	U41601 / Nakoa, Alice A.	110435841	78y / F / W	04/27/1939	61056766	ICF	08/03/2016	Nguyen, Kim Chi T. MD
KU4N	U41503 / Nikaido, Elton	110325701	81y / M / D	10/01/1935	61026175	ICF	12/02/2015	Contact
KUK2	U20101 / Oconnor, Margaret	110200860	106y / F / S	01/27/1911	61077691	ICF	03/01/2015	Nguyen, Kim Chi T. MD
KU4S	U41302 / Omuro, Takeo	110360281	84y / M / M	09/26/1932	61065380	ICF	02/16/2016	Nguyen, Kim Chi T. MD
KUK2	U20403 / Pico, Mildred A.	110201513	88y / F / W	10/08/1928	61077893	ICF	03/01/2015	Nguyen, Kim Chi T. MD
KUK3	U30201 / Prendergast, Nancy A.	110303736	55y / F / S	07/05/1961	61110603	ICF	10/19/2015	Nguyen, Kim Chi T. MD
KUK3	U30502 / Punio, Teresa S.	110201065	88y / F / W	06/28/1928	61058765	ICF	03/01/2015	Nguyen, Kim Chi T. MD
KUK3	U30001 / Reddy, Ronald L.	110201516	71y / M / S	02/24/1946	61059765	ICF	03/01/2015	Nguyen, Kim Chi T. MD
KUK3	U30204 / Reiche, Katja	110555663	79y / F / D	01/20/1938	61040169	ICF	04/24/2017	Nguyen, Kim Chi T. MD
KUK2	U20301 / Roberts, Regina	110564697	72y / F / D	02/13/1945	61028621	ICF	05/10/2017	Nguyen, Kim Chi T. MD
KUHM	U00601 / Sanders, Jennifer	110201044	40y / F / S	09/07/1976	61077745	ICF	03/01/2015	Nguyen, Kim Chi T. MD Y
KU4N	U41702 / Souza, Thomas	110289672	93y / M / W	03/09/1924	61083729	ICF	09/17/2015	Nguyen, Kim Chi T. MD
KUK3	U30203 / Stiles, Adeline	110201070	82y / F / D	08/19/1934	61077761	ICF	03/01/2015	Nguyen, Kim Chi T. MD
KU4N	U41504 / Swinerton, Thomas B.	110463369	84y / M / D	04/05/1933	61051578	ICF	10/04/2016	Contact
KUK2	U20202 / Tamayose, Ross Y.	110201980	84y / M / M	11/02/1932	61078006	ICF	03/01/2015	Nguyen, Kim Chi T. MD
KU4S	U40804 / Torres, Michael	110201063	74y / M / S	05/11/1943	61077757	ICF	03/01/2015	Nguyen, Kim Chi T. MD
KU4N	U41502 / Uyehara, Bert H.	110550761	76y / M / D	10/13/1940	61077377	ICF	04/10/2017	Nguyen, Kim Chi T. MD Y
KU4N	U40204 / Vares, Joanne A.	110201994	67y / F / M	04/25/1950	61078009	ICF	03/01/2015	Nguyen, Kim Chi T. MD
KU4N	U40402 / Villanueva, Primitiva	110200385	86y / F / W	11/27/1930	61038328	ICF	03/01/2015	Nguyen, Kim Chi T. MD
KU4S	U41002 / Watanabe, Alvin S.	110354726	76y / M / M	08/31/1940	61026634	ICF	02/04/2016	Nguyen, Kim Chi T. MD
Restraining Order - Loy K.S. "Keone" Watanabe & Tim Bone								
KU4N	U41603 / Westberg, Tazuko	110492286	88y / F / M	07/07/1928	61153994	ICF	12/07/2016	Nguyen, Kim Chi T. MD
KU4N	U40203 / White, Rose	110200965	83y / F / U	10/19/1933	61077721	ICF	03/01/2015	Nguyen, Kim Chi T. MD
KU4S	U41301 / Yamamoto, Mataka	110528283	89y / M / M	04/13/1928	61081364	ICF	02/22/2017	Nguyen, Kim Chi T. MD

Total Occupied Beds: 74

ErA, Kula Hospital, #2

PATIENT NAME _____ MR # _____

1. **GENERAL DUTY NURSING:** This hospital provides only general duty nursing care. Under this system nurses are called to the bedside of the patient by a signal system. If the patient is in such a condition as to need continuous or special duty nursing care, it is agreed that such must be arranged by the patient, or his legal representative, or his physician.
2. **CONSENT FOR TREATMENT:** I consent to hospitalization and examination, treatment, and procedures which may be performed during my hospitalization and which are deemed necessary by the hospital staff and are administered according to the instructions of my physician. Prospective residents, patients and/or their legal representatives are informed that it is the policy of Kula Hospital that the Kula Medical Director and on-call providers are used as the patient's/resident's physician; unless the patient/resident/legal representative selects a physician of their choice. If they select a physician of their choice, the admission may be delayed until all credentialing requirements are met, unless the physician chosen is already credentialized at Kula Hospital.
3. **RELEASE OF INFORMATION:** I hereby authorize this hospital to disclose and release copies of medical records or other information regarding my treatment and hospitalization to include psychological or psychiatric impairments, sexually transmitted diseases, drug abuse and/or alcoholism for billing purposes by the hospital.
4. **FINANCIAL RESPONSIBILITY:** I hereby authorize payment directly to the hospital from the hospital insurance benefits that are due me. I understand that I am financially responsible for any charges not covered by insurance or other third party payor.
5. **PERSONAL VALUABLES:** I am encouraged to have my money and valuables safely secured at home or in the hospital Business Office.

I CERTIFY THAT I HAVE READ THE FOREGOING, RECEIVED A COPY THEREOF, AM THE PATIENT OR THE PATIENT'S DULY AUTHORIZED REPRESENTATIVE AND HEREBY EXECUTE THIS DOCUMENT AND ACCEPT ITS TERMS AS SPECIFIED ABOVE.

Date _____

X

PATIENT'S SIGNATURE

AUTHORIZED REPRESENTATIVE'S SIGNATURE

WITNESS

RELATIONSHIP TO PATIENT

Kula Hospital
and Clinic
KULA, MAUI, HAWAII

CONSENT TO AND
CONDITIONS OF ADMISSION

Ex. A, Lanai Comm Hospital,
#1

Lanai Community Hospital
DAILY CENSUS RECORD

6-23-2017

INPATIENT ONLY						
PATIENT Last, First	RM	INSURANCE	ADMIT DATE ONLY mm/dd/yyyy	DC DATE ONLY mm/dd/yyyy	#HOSP DAYS (Auto)	ADMIT: hhmm DC: hhmm TO MORGUE: hhmm W/L= waitlist
ACUTE						
4/29/1912	1					
	2					
	13					
	14					
SNF						
ICF						
Masicampo, Corazon	3	Medicare	4/8/2015		807	
Caberto, Marina	4	Medicare	5/6/2016		413	
	5					
Lischka, Walter	6	OHANA	1/18/2013		1617	
	7					
Eskaran, Reuben	8	United HealthCare	8/10/2016		683	
Soriano, Patricia	9	OHANA	6/22/2016		366	
Drew, Danielle	10	United HealthCare	6/6/2017		17	
	11					
Agtarap, Myrna	12	OHANA	3/6/2015		840	
PATIENT Last, First	RM	INSURANCE	Admit: mm/dd/yy hhmm	DC: mm/dd/yy hhmm	TOTAL Hrs In Obs Care ex: 13.25	
	1					
	2					
	13					
	14					

CONSENT TO AND CONDITIONS OF TREATMENT AND PAYMENT AGREEMENT

Ex.A, Lanai Community Hospital,
#2

CONSENT TO CARE AT LANAI COMMUNITY HOSPITAL (LACH)

a. I wish to receive medical care and treatment at LACH. Accordingly, I authorize and give consent to any x-ray examination, laboratory procedures, diagnostic procedures, anesthesia, medical, obstetrical, and surgical treatment or other medical center services rendered to me under the general and specific instructions of the attending physicians as may be determined by their professional judgment.

I am aware that I should ask my physician any questions that I may have about my diagnosis, treatment, risks or complications; alternative forms of treatment, and/or anticipated results of treatment.

b. I recognize that LACH participates with the health professional schools. Therefore I give my consent for medical, nursing and other students to participate in my care under appropriate supervision. This participation may include their admittance to the operating room.

c. I recognize that generally members of the medical staff furnishing services to me are independent contractors and are not employees or agents of the hospital.

d. I hereby authorize LACH to dispose of any tissue or parts or organs that may be surgically removed in accordance with accustomed practices.

GENERAL NURSING DUTY

I understand that LACH provides general duty nursing care in accordance with the standard practices of LACH. If I need or desire more nursing services, such as continuous or special duty nursing care, it is agreed that I or my legal representative or my physician will be responsible for making arrangements for those extra services.

PERSONAL VALUABLES

I am encouraged to send all valuables home. If absolutely necessary, the facility maintains a safe for the safekeeping of money and valuables.

SEARCH FOR CONTRABAND

LACH has the right in certain circumstances to search visitors, patients and patients' rooms for drugs, alcohol, and dangerous substances/objects.

CONSENT TO PHOTOGRAPH

I authorize LACH and my physicians to photograph (includes all forms of imaging) me or any part of me for medical purposes deemed necessary by this facility or my physician.

PATIENTS BILL OF RIGHTS

My signature below will confirm that I have received a copy of the Patient's Rights and Responsibilities brochure.

NON-DISCRIMINATION

LACH admits patients without regard to race, color, religion, ancestry, national origin or handicap.

NON-DISCLOSURE TO HEALTH INSURANCE PAYORS

I do not want my insurance company billed/notified of this admission. By doing this, I am aware that I am obligated to pay for services being rendered.

(INITIAL)

CONSENT TO ELECTRONICALLY ACCESS MY PRESCRIPTION RECORDS

I authorize ()

(INITIAL)

I DO NOT authorize ()

(INITIAL)

LACH to electronically access my prescription records and medication history from my participating pharmacies, payors and Pharmacy Benefit Managers for the purpose of treatment including managing my medication(s).

DISCLOSURE OF HEALTH INFORMATION

I understand that LACH may disclose my health information for the purposes of treatment, payment, quality assurance, outcome assessment, competence or qualifications review of healthcare professionals, accreditation, licensing, or credentialing activities, health plan claims or healthcare record data analysis, provider clinical performance evaluations, utilization management, research authorized by the Institutional Review Board (IRB), required audits or other qualified healthcare operations. I understand further that my records may contain either or information relating to sexually transmitted diseases, including Human Immunodeficiency Virus (HIV) or psychiatric impairment, drug and alcohol abuse and other personal information.

LACH may disclose health information to physician(s) or referring physician(s), or others in order to coordinate my current care, to arrange transfers or the provision of other continuing care following my discharge or treatment from LACH, or in the care of medical emergency.

ASSIGNMENT OF INSURANCE BENEFITS

In the event the undersigned is entitled to hospital benefits of any type whatsoever arising out of any policy of insurance insuring patient or any other party liable to patient, said benefits are hereby assigned to LACH for application to the patient's bill, and it is agreed that LACH shall discharge the said insurance company of any and all obligations under the policy to the extent of such payment. The assignment of such benefits shall in no way obligate LACH to delay or relinquish its demand for direct payment from the patient of any portion of the outstanding balance.

FINANCIAL AGREEMENT

The undersigned agrees, whether signing as an authorized representative or a patient, that in consideration of the services to be rendered to the patient, the patient is hereby individually obligated to pay the account of the hospital in accordance with the regular rates and terms of LACH. Should the account be referred to an attorney for collection, the patient shall pay reasonable attorney's fees and collection expenses. All delinquent accounts bear interest at the legal rate.

MEDICARE HOSPITAL AND MEDICAL INSURANCE BENEFITS

If determined that I am a Medicare recipient, my medical record may be subject to review, as well as copies made and submitted to the peer review organization (PRO). I request that payment of the authorized Medicare benefits to me on my behalf for any services furnished me by LACH, the Laboratory, and Radiological services, including physician services, be paid directly to the provider.

THE USE OF MY NAME

I understand that it is sometimes necessary to post/say my name for care and efficiency and to allow the health care team to locate me during my stay. I give permission to have my name posted/said for these reasons.

I understand that some departments/staff may want to call me for information, feedback, etc. and give permission for the hospital and staff's name to be left on an answering machine or voice mail.

myHealth PATIENT PORTAL

I acknowledge that I have received the brochure and agree to abide by the terms and conditions for accessing the myHealth patient portal. I have been given the opportunity to ask questions about the patient portal and all questions have been answered to my satisfaction.

The undersigned certifies that he/she understands the foregoing, and is the patient, or the patient's parent, next of kin, or authorized representative and is duly authorized to execute and accept its terms.

Patient Signature: X

Date: _____ Time: _____

Witness Signature: _____

Date: _____ Time: _____

Signature of patient's authorized representative or other responsible party: _____

If the patient is a minor _____ years of age, or unborn child(ren), or is unable to sign for the following reason(s): _____

the above consent is given on behalf by: _____