

EMERGENCY ROOM (ER) ACCESS FORM

(Diagnostic & Treatment Instructions)

Intake Clerk Name: _____ Give this form to attending physician(s).

Attending MD(s) _____ Hospital Name: _____

Patient Rights Statement

I am a member of _____ (HMO Name). I am a **prudent layperson**. I am exercising my right to healthcare access in this hospital's ER. If I am unable to exercise my rights, my agent is a prudent layperson who has made the determination that this is an emergency.

I REQUEST THAT MY AGENTS (DURABLE POWER OF ATTORNEY FOR HEALTHCARE AND OTHERS) HAVE OPEN ACCESS TO MY EMERGENCY TREATMENT ROOM.

Hospital / Physician Responsibility Statement

This document is my formal demand to this hospital and the physician(s) and staff on duty (both employees and/or contractors) that my right to emergency diagnosis and treatment be enforced and protected to the full extent provided by law.

Medical Decision-Making Statement

It is my **right** to participate in all medical decisions. If I am unable to exercise this right, I empower my agent to make medical decisions on my behalf.

Notification to HMO Hospital (if necessary)

- Notify my HMO.
- Document and tape record all communications.
- Notify an authorized HMO physician that I (or my agent) are **prudent laypersons**.
- Notify my HMO/HMO physicians that I expect enforcement and protection of my rights.
- FAX this form to my HMO's authorized physician _____ (Name) and retain the FAX receipt confirmation.

Request for Medical Records

Include the ER Access Form as part of my Official Medical Record. Within **five (5) working days** of my discharge, I request copies of all records, in any and all forms (written/electronic/tape recorded) produced by all parties.

_____	_____	_____
Patient Name (Print)	Agent Name (Print)	HMO Patient I.D. #
_____	_____	_____
Patient Signature	Agent Signature	Date (____) Telephone #