

CARE AGREEMENT

This form contains facts you should know about your health care at UW Medicine and from Children’s University Medical Group, University of Washington Dentists and Oral Surgeons, and Fred Hutch Cancer Center. If there is any part of this form that is unclear you can ask questions about it. At the bottom of the form there is a place for you to sign your name so that we know you have read this form (or had it read to you) and agree to receive health care from us.

UW Medicine includes:

- Harborview Medical Center and Clinics
- University of Washington Medical Center and Clinics
- Airlift Northwest
- UW Medicine Primary Care Clinics
- Husky Health Center
- UW Physicians

Your health care team consists of medical doctors, doctors in training (residents and fellows), nurses, other health care professionals, and students of the health sciences. They will work together to diagnose and treat you. You will have an attending physician. This is the doctor who has primary responsibility for your care.

Photographs, videotapes, or other images of you may be used to keep a record of your care and treatment (including surgery). These images may become part of your medical record. Part of your care may take place through telemedicine technology, which may mean 1) live video between your care team members (*in which you also may be involved*), or 2) "remote" review by your care team of the images described above.

SIGNATURE

By signing below, it shows that you have read this document and agree to receive health care from UW Medicine. If there is any part of this form that is unclear, be sure to ask questions about it.

SIGNATURE (PATIENT OR PATIENT’S AUTHORIZED REPRESENTATIVE)	PRINT NAME	DATE												
IF SIGNED BY PERSON OTHER THAN THE PATIENT, CHECK RELATIONSHIP TO PATIENT:														
<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> 1. Court-appointed Guardian</td> <td><input type="checkbox"/> 5. Parent(s)</td> <td><input type="checkbox"/> 9. Adult Aunt(s)/Uncle(s)</td> </tr> <tr> <td><input type="checkbox"/> 2. Durable Healthcare Power of Attorney</td> <td><input type="checkbox"/> 6. Adult Brother(s)/Sister(s)</td> <td><input type="checkbox"/> 10. Adult Friend with executed Declaration per RCW 7.70.065</td> </tr> <tr> <td><input type="checkbox"/> 3. Spouse/registered domestic partner</td> <td><input type="checkbox"/> 7. Adult Grandchild(ren)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 4. Adult Child(ren)</td> <td><input type="checkbox"/> 8. Adult Niece(s)/Nephew(s)</td> <td></td> </tr> </table>			<input type="checkbox"/> 1. Court-appointed Guardian	<input type="checkbox"/> 5. Parent(s)	<input type="checkbox"/> 9. Adult Aunt(s)/Uncle(s)	<input type="checkbox"/> 2. Durable Healthcare Power of Attorney	<input type="checkbox"/> 6. Adult Brother(s)/Sister(s)	<input type="checkbox"/> 10. Adult Friend with executed Declaration per RCW 7.70.065	<input type="checkbox"/> 3. Spouse/registered domestic partner	<input type="checkbox"/> 7. Adult Grandchild(ren)		<input type="checkbox"/> 4. Adult Child(ren)	<input type="checkbox"/> 8. Adult Niece(s)/Nephew(s)	
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FOR MINOR PATIENTS:														
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PLACE PATIENT LABEL HERE

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WHITE – MEDICAL RECORD
YELLOW – PATIENT

Proficiency of Language Assistance Services

ATTENTION: If you speak [language other than English], language assistance services, free of charge, are available to you.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки.

ប្រយ័ត្ន: បរើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, បសវន៍នួយខ្លួនកកាសា ហាយមិនគិតគ្រួល គឺអាចមានសំរាប់បរើអ្នក។ ចូរ ទូរស័ព្ទ

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。

ማሳሰቢያ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama.

ملحوظة: إذا كنت تتحدث لغة أخرى غير اللغة الانجليزية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً.

ਧਿਆਨ ਿਦਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਿਵੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ।

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ.