"Beaumont Health does not discriminate on the basis of race, color, national origin, age, disability or sex and will not exclude or treat individuals differently based upon these characteristics."

"You are agreeing to the care and treatment provided. Your care may be changed to benefit your life or health, as discussed, and agreed with your provider. If you are giving birth, we will care for your baby."

"You can ask questions."

"We cannot make promises regarding your treatment today."

"We are a teaching and research hospital. You and your medical records may be viewed by medical students and/or other staff members."

"We will verify who you are and ask what you are having done."

"Discrimination against any doctor, healthcare professional or staff based on race, color, gender, national origin, age, disability, sex or other basis will not be tolerated by Beaumont Health."

"We contract with non-Beaumont Health employees, (e.g., Advanced Radiology, Anesthesiologists, etc.). Non-Beaumont Health employees are responsible for your care at the time a service is rendered, not Beaumont Health. You will receive separate bills from those who are non-contracted, even though services were provided at our facility. Contact their office directly for any insurance questions."

"You are consenting to the above conditions for one year from the date this form is signed."
“You are allowing us to release medical information to your insurance company, doctor and others that are involved in your care. In some circumstances, your employer or others paying for services will also receive your medical information.”

“You are allowing us to take your picture and save it to your electronic medical record for identification purposes.”

“We will keep your medical information and store it electronically. You are allowing other healthcare providers or payers to receive this information as well.”

“Your medical information, by law, may be reported to an agency (e.g., the health department).”

“If at any time you have concerns about your treatment, you can express that without fear of retaliation.”

“The Notice of Privacy Practices informs you of your rights and responsibilities when receiving services. Would you like a copy?”

“We are not responsible for your valuables. You can leave your valuables at home or with family members.”

“You are agreeing to autodialed and/or pre-recorded phone calls, text messages and/or emails from Corewell Health and/or its agents/third parties.”

“You are agreeing to be responsible for any communication charges from your phone provider(s).”
"Text messages are unencrypted. There are risks with unencrypted text messaging such as Health Information may be intercepted and seen by others. You are acknowledging and accepting these risks."

"You are authorizing us to collect benefits and seek payment from any third party, including you."

"You are authorizing your insurance company to pay us for medical procedures and/or treatment."

"You will be responsible for any charges not covered by your insurance company."

"If you have any unpaid bills, we may contact a lawyer and/or collection agency. You will be responsible for all charges/fees that may accumulate during this time."
“You are allowing us to seek payment for charges. If needed, we can legally intervene.”
“You are allowing us to act on your behalf to appeal a denied payment.”
“You will be responsible for paying all coinsurance, co-payments and deductibles.”
“You will not delay payment or reimbursement of charges to us.”

“Signing the consent form allows us to provide treatment for an entire year from today’s date. This acknowledges that you have read and understand the form.”

“This form can be accessed in other languages upon request.”