

## Frequently Asked Questions (FAQs) about the General Consent

Listed below are common questions asked about the General Consent and answers to those questions. If, after reading these FAQs, you still have questions or concerns, please ask to speak to the manager in the area where you are receiving care.

The General Consent applies to patient care services that you receive from the “Clinical Affiliates” of Northwestern Memorial HealthCare. Northwestern Memorial HealthCare is the parent corporation of the following organizations:

- ❖ Northwestern Memorial Hospital
- ❖ Northwestern Medical Group
- ❖ Northwestern Lake Forest Hospital

This document refers to Northwestern Memorial Hospital, Northwestern Medical Group, and Northwestern Lake Forest Hospital together as “Northwestern Medicine Clinical Affiliate(s),” “we,” or “us.” In addition, some of the provisions of the General Consent apply to independent physicians who are on the medical staff at Northwestern Memorial Hospital or Northwestern Lake Forest Hospital but who are not employed by Northwestern Medical Group.

### **1. What if I don’t want to sign the General Consent? If I don’t agree with something, can I cross it off?**

Except for emergency services, you are required to sign the General Consent prior to the provision of services by Northwestern Medicine Clinical Affiliates. The General Consent form includes provisions that are legally required for Northwestern Medicine Clinical Affiliates to conduct their operations. *For example*, if you want us to bill your insurer, then you need to agree in writing that the insurer can pay us directly. Some provisions reflect how Northwestern Medicine Clinical Affiliates conduct business. *For example*, Northwestern Medicine Clinical Affiliates support the research efforts of Northwestern University’s Feinberg School of Medicine. The General Consent obtains your consent to use certain types of information for research purposes (see item 7 below). Finally, some of the provisions are included in the General Consent not to obtain your consent, but, rather, to simply inform you about how Northwestern Medicine Clinical Affiliates conduct business. *For example*, the General Consent informs you that our mission also includes training clinicians of the future. This means that medical students and other professionals in training may be present when you receive care. If, after reading this document, you still do not want to sign the General Consent, then you will need to seek care from another provider where you are more comfortable. If you “mark up” the General Consent, we cannot, unfortunately, honor those changes.

**2. The General Consent talks about “educational” and “research” missions? What does this really mean?**

Together, Northwestern Medicine Clinical Affiliates and the Northwestern University Feinberg School of Medicine aspire to deliver exceptional patient care while advancing medical science and knowledge through conducting research and educating future physicians and other clinicians. This means that when you receive care from a Northwestern Medicine Clinical Affiliate, medical students and other professionals in training may be present. It also means that you may be presented with research opportunities that may be of interest to you (although you don't have to participate if you don't want to). The commitment to clinical care, education, and research means that when you receive care from a Northwestern Medicine Clinical Affiliate, you are receiving care that is at the forefront of the newest treatment methods and technologies. Your acceptance of and participation in these educational and research missions also means that you are making a contribution to improving health care—both now and in the future.

**3. Can I revoke my consent or ask for changes after I have signed it?** Once we have relied upon your consent to provide treatment, it may not be revoked as it relates to the treatment received. You may, at any time, revoke the portion of your previously-signed General Consent that authorizes certain disclosures of your information. You can do so by contacting the Northwestern Medicine Medical Records Department. Contact information is provided at the bottom of this document. Your revocation will be effective as of the date the Northwestern Medicine Medical Records Department receives your revocation. However, it will not be effective with respect to any actions that a Northwestern Medicine Clinical Affiliate might have taken before we receive the revocation or with respect to items that we cannot take back or “undo.”

In addition, you have the right under law to request that Northwestern Medicine Clinical Affiliates restrict the use of your health information for treatment, billing or health care operations purposes. More information about how to submit a restriction request is available from the Northwestern Medicine Medical Records Department. Please know, however, that, except as provided in item 9 below, Northwestern Medicine Clinical Affiliates do not have to agree to your request to restrict —especially if the request is not consistent with our clinical care, research or educational missions or if our agreeing to your request would interfere with our ability to provide treatment to you, bill for that treatment, or to conduct our health care operations. If Northwestern Medicine Clinical Affiliates are unable to agree to your restriction, you will need to seek care from another provider where you are more comfortable.

**4. What happens if my doctor recommends a treatment that I do not want to receive? If I sign the General Consent, do I have to have the treatment?**

The General Consent permits your doctor to see you, evaluate your condition, and provide you with recommendations based upon his/her professional judgment. You may discuss any recommended services with your doctor before those services are rendered, and the doctor must follow your decision if you decline the specified services. If you agree, however, you are consenting to the services performed and related charges. For certain treatments and procedures, such as surgery for example, an additional consent form may be required.

**5. The General Consent refers to “sensitive” information. What information is considered “sensitive”?**

In Illinois, “sensitive” information includes information related to HIV testing, AIDS, genetic counseling and testing, and mental health, developmental disabilities, and substance abuse. In order for us to use and disclose your sensitive information (if any) for certain purposes, we may need to have your consent. The General Consent is the document by which we obtain that consent.

**6. The General Consent states that a resident, fellow or other doctor in training may participate in my care and treatment. I don’t want this--I want to see a physician.**

As described in item 2, Northwestern Medicine Clinical Affiliates support education and training as part of their mission. Our educational mission helps ensure that our physicians are at the forefront of new treatments and technologies. Although in training, residents and fellows are licensed physicians, and they are supervised by attending physicians who are on the medical staffs of Northwestern Memorial Hospital or Northwestern Lake Forest Hospital. While the resident, fellow, or other trainee may meet with you first and ask your questions, their interactions with you are reviewed with and overseen by the attending physician.

**7. I do not want my medical information to be used for research. Can’t I cross this off on the General Consent?**

Asking scientific questions and conducting medical research are key parts of our mission to find better ways to treat disease and to find new cures. The General Consent obtains your permission for Northwestern Medicine Clinical Affiliates to share sensitive information (see item 5) for research purposes in the same manner that the law allows us to use your non-sensitive information for research purposes.

Northwestern Medicine Clinical Affiliates share your health information with researchers affiliated with Northwestern University’s Feinberg School of Medicine, although Feinberg researchers may collaborate on research projects with researchers from other universities and institutions. Detailed information about the purposes for which we share information for research is provided in our Notice of Privacy Practices. Generally speaking, these purposes include:

- designing a research study;
- identifying patients who might benefit from a research study; and

- reviewing records for purposes of publishing an article—although your identity or identifiable information will never be disclosed in the article without your consent.

It is important to understand that all projects for which Northwestern Medicine Clinical Affiliates share health information are carefully reviewed by an institutional review board (“IRB”) to protect the safety, welfare, and confidentiality of our patients. For example, the IRB may allow a researcher to see only de-identified information. Where the study requires that the researcher see information that identifies the patient, the IRB will limit the information that the researcher sees to that which is minimally necessary for purposes of the research study. Researchers are also subject to law (the “Common Rule”) which requires that a researcher keep research information confidential. Both Northwestern Medicine Clinical Affiliates and Feinberg are committed to all applicable law protecting the confidentiality of your health information.

When you choose to receive care at a Northwestern Medical Clinical Affiliate, you agree that your sensitive information may be used for research purposes as described above. If you cross out this section, we will not be bound by your revision. If this proposed use is of concern, you may wish to seek care from another provider where you are more comfortable.

NOTE: If you should have a procedure or treatment that results in any tissue, fluids or specimens being removed from your body (“specimens”), you do have a choice in what happens to any excess specimens that would otherwise be disposed of by the Northwestern Medicine Clinical Affiliates. You will be presented with a separate document where you will be given an opportunity to consent—or not consent—to the use of your excess specimens for education and research.

**8. The General Consent talks about Northwestern Medicine Clinical Affiliates sharing information with each other. But if I only see my NMG physician in his office and I’m not seen at the hospital, why does Northwestern Medical Group need to share my health information with the hospital? Or, if I am a patient in the hospital and have a non-Northwestern Medical Group physician, why does the hospital need to share my health information with Northwestern Medical Group?**

Northwestern Medical Clinical Affiliates, along with independent physicians on staff at Northwestern Memorial Hospital and Northwestern Lake Forest Hospital, work together as a health system in providing care to you. They share information with each other for purposes of treatment, payment, health care operations, as well as other purposes as described in our Notice of Privacy Practices. By sharing information and coordinating care, we ensure that your physician has access to all of your health information, and this will help the physician render better care to you. In addition, Northwestern Medicine Clinical Affiliates provide services to each other. *For example*, if your Northwestern Medical Group physician orders a blood test for you, the blood may be sent to a Northwestern Memorial Hospital lab for testing purposes. Similarly, if you are a patient at either Northwestern Memorial Hospital or Northwestern Lake Forest Hospital, you may receive services from Northwestern Medical Group physicians—even though your attending physician is a non-Northwestern Medical Group physician. This is because Northwestern Medical Group physicians provide radiology, hospitalist, pathology, anesthesiology, and/or emergency services at Northwestern

Memorial Hospital and/or Northwestern Lake Forest Hospital. Sometimes the law requires your consent for us to act in this coordinated matter. The General Consent obtains your consent where necessary.

**9. What if I do not want my insurer to find out about certain services provided to me? Does my signing the General Consent mean that you will submit the information to my insurer?**

The General Consent states: “If I choose to have my health insurance (including private insurance, Medicare, Medicaid, other governmental or other insurance programs) cover my treatment, I authorize the Northwestern Medicine Clinical Affiliate to bill any such insurer for all medical services and products provided.” If you choose not to have us bill your health insurer, then we will respect that request, and signing the General Consent will not affect your request. Additionally, if you don’t want information relating to certain services which you receive to be shared with your insurer, then you will need to tell that to registration and billing staff at the Northwestern Medicine Clinical Affiliate where you are receiving care. You may be required to complete a “Restriction Request” form. This form is available from the Northwestern Medicine Medical Records Department (see contact information below). In addition, you will also need to pay for these services out-of-pocket.

**10. The General Consent states that I am responsible to pay for services not covered by my insurer. Can I find out how much insurance will cover and how much it will not cover before I have services rendered?**

How much services cost will be dependent on several factors. While we can work with your insurance company and give you an estimate, we *cannot guarantee* that your insurer will pay for our services. In addition, please understand that the estimate may change if the doctor needs to perform additional services not originally anticipated. As a result, you should confirm coverage directly with your insurer. If you have a concern with being able to pay for the out-of-pocket expenses, we can help set up a payment plan or you can submit an application for Financial Assistance. Contact information for Financial Assistance is set forth in item 14 below.

**11. The General Consent references the Care Everywhere Program. What is this?**

Northwestern Medicine Clinical Affiliates keep your information electronically. Northwestern Medical Group’s electronic medical record is on its EPIC system. Many physicians and hospitals across the country use EPIC. If you happen to need care from one of these providers, then the provider can access your medical records from Northwestern Medical Group. Similarly, if Northwestern Medical Group is treating a patient who is visiting from another state, then Northwestern Medical Group can obtain that patient’s medical record from the patient’s home state. *For example*, let’s say you are in a car accident in California. If the California provider uses EPIC, the California provider can access your Northwestern Medical Group records and discover if you have any drug allergies. The ability to do so could save your life.

**12. In Section I.C, what is meant by “Physicians are not employees of Northwestern Memorial Hospital or Northwestern Lake Forest Hospital”?**

The section entitled “Physicians are not employees of Northwestern Memorial Hospital or Northwestern Lake Forest Hospital” is intended to inform you that physicians who may see

you at these hospitals are not hospital *employees*. Rather, they are members of each hospital's *medical staff*. As members of the medical staff, physicians have been approved and given privileges by Northwestern Memorial Hospital and/or Northwestern Lake Forest Hospital to provide health care to patients at the hospitals. The physicians, however, are independent of the hospitals, and, as such, the hospitals do not control the physicians in the same way an employer controls—and is responsible for—its employees.

Physicians who are on the medical staff of either Northwestern Memorial Hospital or Northwestern Lake Forest Hospital include those who are employed by Northwestern Medical Group, as well as those who are not employed by Northwestern Medical Group. Northwestern Medical Group is responsible for the actions of its employees.

**13. How do Northwestern Medicine Clinical Affiliates use my photos for education and health care operations?**

One of the missions of Northwestern Medicine is to train future clinicians. Northwestern Medicine Clinical Affiliates train residents and fellows, as well as medical students from Northwestern University's Feinberg School of Medicine and other schools. Accordingly, we use patient photos for education as permitted by law. This means, for example, that we might use a photo to educate medical students at internal grand rounds. "Grand rounds" is a teaching method used in medical education and inpatient care where the health care issues of a patient are presented to a group of physicians and students for analysis and discussion. If the photo contains no identifiable information (say, it is a picture of a skin lesion where the patient cannot be identified), then it might be used more broadly (e.g., at a medical conference). If, however, the photo contains your identifiable information (e.g., it is a picture of your face or a recognizable feature), then it will not be used outside of NM and FSM without obtaining your further permission.

**14. Where can I find out more information about financial assistance?**

You may contact Northwestern Medical Group, Patient Financial Services, 680 North Lake Shore Drive, Suite 1000, Chicago, IL 60611; phone: 312-694-1701; fax: 312-695-1386.

**Contact Information for Northwestern Medicine Medical Records Department:**

Northwestern Memorial Hospital  
251 East Huron Street  
Medical Records - Customer Service  
Galter/2nd Floor/2-158  
Chicago, Illinois 60611-2908

If you need to speak with a Medical Records representative, please call **312-926-3375**.