Arbitration, Voluntary Binding

Binding Arbitration Clause in Patient Treatment Forms

Approved by: FPP Clinical Practice Committee
June 10, 2004

• Upon recommendation of the PLC, the CPC approves the use of an arbitration agreement in our treatment consent forms, or as a separate agreement.
  - A sample, discussion draft of an arbitration agreement follows.

• Upon recommendation of the PLC, the CPC approves that WUSM adopt the following measures in conjunction with the use of an arbitration agreement:
  - Make the arbitration agreement voluntary.
  - Present the arbitration agreement to the patient as far in advance of treatment/surgery as reasonably possible and provide a clear explanation to the patient.
  - Develop programs to train physicians and staff on how best to present the arbitration agreement to patients in order to obtain a high participation rate.
  - Be open to the possibility of paying for the total cost of the arbitration, especially if patient can demonstrate inability to pay.

IMPLEMENTATION OF BINDING ARBITRATION CLAUSE IN PATIENT TREATMENT FORMS

Approved by: FPP Clinical Practice Committee
January 17, 2006

Upon motion, duly seconded, the CPC agreed that voluntary arbitration should be piloted in neurosurgery, plastic surgery, bariatric surgery, ob/gyn and neonatology, and revisited in one year to determine the appropriateness of school-wide implementation.
BINDING ARBITRATION CLAUSE IN PATIENT TREATMENT FORMS

Approved by: FPP Clinical Practice Committee
June 10, 2004

ARBITRATION CLAUSE FOR INCLUSION IN AUTHORIZATION FOR MEDICAL TREATMENT AND FINANCIAL RESPONSIBILITY FORM

THIS AGREEMENT CONTAINS A BINDING ARBITRATION PROVISION WHICH MAY BE ENFORCED BY THE PARTIES

I understand that Washington University and its doctors, nurses, other employees and agents will provide medical care to me. In exchange, I voluntarily agree that any claim I might have against any of them will be submitted to binding arbitration under the terms of the United States Arbitration Act. This includes any claim for negligence, medical malpractice or improper health care. This agreement applies to my estate, my heirs, and any other person associated with me, acting on my behalf, or appointed to represent me. The arbitration will follow the rules of the American Arbitration Association, a copy of which has been made available to me. I understand that, by making this agreement, I cannot submit any claim to a court of law or to a jury. I further understand that my agreement to arbitrate disputes is voluntary, and that I do not have to sign this agreement in order to obtain medical care at Washington University.

Note to Patients About Binding Arbitration:

Washington University’s goal is to provide the best medical care possible and to avoid having disputes with its patients. We also want to be sure that we have good communications with our patients to help avoid disputes in the first place. If you have any questions or concerns about the patient consent form, the arbitration clause, or anything else about the services you receive at Washington University, please let us know.

Binding arbitration is a method for resolving disputes without filing a lawsuit in court. By signing this agreement, you are agreeing that any disputes arising out of the medical care you receive from Washington University will be submitted to an arbitrator, not to a court, judge or jury. Arbitration is generally a faster, less expensive method of resolving disputes than litigation in the courts. We believe that this is a fair and efficient process for both parties.

An arbitrator is a person who is qualified to hear and resolve disputes between parties. Under the Rules of the American Arbitration Association, we will both select the arbitrator if we have a dispute. Both sides may call witnesses and present evidence to the arbitrator, who will then make a final decision. Neither party may appeal the final decision of the arbitrator.

Signing on Behalf of Others. If you are signing on behalf of your minor child, other dependant, or any other individual for whom your are legally responsible, you hereby state that you have the authority to
contract with Washington University for the provision of services to that person and that you agree, on behalf of that person, to the terms of this arbitration clause. You further agree that any claims you may have against Washington University, its doctors, nurses or other employees, as a result of the medical care provided to your dependent, will be submitted to binding arbitration under the terms of the United States Arbitration Act.

SO AGREED:

_______________________________
Patient Name (Print)

_______________________________
Signature of Patient

_______________________________
Name of Parents or Guardian (if applicable)

_______________________________
Signature of Parent or Guardian

_______________________________
Signature of other Parent or Guardian