

*Place Patient
Addressograph Label
HERE*

Attachment to Conditions of Admissions
Effective: July 2004

Consent to Personal Jurisdiction in California State Court

I expressly agree that jurisdiction and venue for any lawsuit, proceeding or other action related to any medical, legal, equitable, or other claim or dispute arising out of items, and/or services furnished to me by, or at the request of Hospital, it's Physicians, contractors and employees, shall be exclusively in a court located in Santa Barbara County in California USA, where Hospital furnished items and/or services to me. I consent to the transfer and removal of any claim or action brought by me against Hospital and/or person or entity furnishing services to me to a court located in Santa Barbara County in California USA, where Hospital furnished items and/or services to me.

Consent to California Law

I expressly agree that in any legal action or other proceedings between me and the Hospital and/or other person or entity furnishing items and/or services to me, the State of California will be applied to govern, construe and enforce any such claims.

X

Patient or Representative signature

Staff witness signature

Date