

Privately-Owned Medical Equipment Used at Boston Medical Center

In keeping with Boston Medical Center’s mission to provide exceptional care without exception, patients in certain circumstances may use privately-owned medical equipment while receiving care at Boston Medical Center. I have asked to use my own _____ while I receive care at Boston Medical Center.

I understand and agree that Boston Medical Center is not responsible for determining the condition of this equipment. The use or inspection of this equipment by Boston Medical Center does not mean that Boston Medical Center is warranting that the equipment is safe and effective.

I have properly maintained this equipment. I understand how to use it safely and correctly. To my knowledge, this equipment safe and effective. I am not aware of any defects or product recalls affecting this equipment.

I agree to assume full financial and legal responsibility for injury or damage of any kind caused by this equipment.

I understand that Boston Medical Center may use substitute equipment if there is a problem with this equipment or if I become unable to direct its use.

Signature of Patient

Printed Name of Patient

Date: _____ Time: _____

Patients: Please keep a copy of this consent form with you while you are inpatient at Boston Medical Center.

BMC Providers: Please see Policy 3.00.300 for more information.