

Patient Name

DOB

MRN

Physician

CSN



## Consent INVASIVE OR COMPLEX PROCEDURES

I agree that Provider \_\_\_\_\_ Credentials \_\_\_\_\_  
can perform: (name of treatment, operation or procedure) \_\_\_\_\_

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1. I understand that other professionals may also perform parts of my procedure. This could include beginning and ending my procedure. It also could include changing tissue or taking tissue from my body. It may include placing medical devices into my body. Students, technical sales people and other staff may be present during the procedure. My provider will be present and direct all my care.
2. My provider talked with me about this procedure. I understand how this can help me. I also understand there are risks and complications to this procedure. My provider told me about these. I know I can make other choices instead of this procedure. This could include having no treatment. I understand there are benefits, risks and complications to the other choices too.
3. My provider expects this procedure will help me but did not promise me I will benefit from this procedure. I can decide if the benefits are worth the risks.
4. No procedure is completely risk free. Some risks are known. I understand that some unexpected things could happen during my procedure. My provider has talked to me about any possible problems that might occur during my recovery from the procedure.
5. This could mean my provider may have to do more procedures than planned. I may also need to be given blood. I agree and ask that my doctor perform the procedures that are needed to then treat my condition.
6. I consent to a drug or agent during my procedure to take away the feeling of pain (anesthesia) and make me feel relaxed and sleepy (sedation). This could be given to me by my provider or an anesthesia specialist.
7. I understand the staff may take pictures and videos during my procedure. These may be added to my medical record. They may be used for teaching purposes. The hospital will protect my identity.



Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.



**OVER →**

DO NOT MARK BELOW THIS LINE      BARCODE ZONE      DO NOT MARK BELOW THIS LINE



8. By signing this form I agree:

- I have read this form or had it explained to me in words I can understand.
- I understand this form.
- I have had time to speak with the provider about my procedure. I have had my questions answered.
- I want to have this procedure.

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**I HEREBY CERTIFY:**

- I have read this form or it was read to me.
- This form was explained to me on the date as written.
- I fully understand the contents of this form.

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**Time**      **Date**      **Patient signature**

Witness to Signature

**If a patient is under 18 years of age or otherwise unable to consent, the following must be completed:**

I, \_\_\_\_\_, hereby certify that I am the \_\_\_\_\_ of the patient; that patient is unable to consent because patient is a minor, or because: \_\_\_\_\_

\_\_\_\_\_

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**Time**      **Date**      **Parent, Legal Guardian, Patient Advocate or Next of Kin signature**

Witness to Signature

**STATEMENT FOR INVASIVE PROCEDURES ONLY:**

I have reviewed the patient consent form. The procedure for which the patient is consented conforms with the plan for this patient. I have discussed the risks, benefits and potential complications of the planned procedure, and the risks, benefits and potential complications of alternative treatments with the patient/family. The patient explained/taught back what he/she has recalled and understood from our discussion and wishes to proceed.

If the consent was signed more than 30 days prior to the procedure, I confirm there has been no material change in the patient's condition that may alter the risk of this procedure to the patient.

**Provider signature** \_\_\_\_\_

**INTERPRETING SERVICES:**

I certify that I have interpreted, to the best of my ability, into and from the patient's stated primary language, everything said during the informed consent discussion.

**TIME**  AM  PM **DATE** \_\_\_\_\_ Interpreter signature \_\_\_\_\_

Interpreter name (print) \_\_\_\_\_