

**BROADLAWNS MEDICAL CENTER
SPECIAL PROCEDURE / TREATMENT CONSENT FORM**

Proposed Procedure or Treatment:*

I, the undersigned, a patient or surrogate decision maker at Broadlawns Medical Center, have discussed with my physicians[s] and have been advised that the procedure[s] listed above is/are medically necessary in the diagnosis and treatment of my condition[s] which which has been explained to me as:*

Therefore, I authorize and direct Dr. * _____ and associates / assistants and other healthcare providers of his or her choice to perform the procedure[s] listed.

I further consent to the administration of such anesthetics as are necessary, with the exception of:*

Note: If the anesthetics for this procedure require administration by a licensed anesthesiologist, then the Consent Form for Anesthesia [P-0102 - attachment B] must be used.

Any tissues or body parts surgically removed may be disposed of by the medical center in accordance with its custom and practice.

I understand that my physician may discover other or different conditions, which require additional or different procedure[s] than those planned. I authorize my physicians, assistants/ associates and other health care providers to perform such other procedure[s] which are advisable in their professional judgment.

I also * DO * DO NOT authorize my physician to administer blood/blood products if it should become necessary during or following the above procedure[s]. Note: if the use of blood products or blood procedures is probable and is known in advance, then Informed Consent for Transfusion of Blood or Blood Products [P-0102- Attachment C] form must be used.

I understand that, at times, for clinical purposes it may be necessary to photograph or videotape this procedure/procedures. I hereby consent to be photographed and/or videotaped and I understand that the photographs and/or videotapes in which I am identifiable will not be released or used for other than clinical purposes without my prior written consent.

Note: If photographs or videotapes are used for any purpose other than treatment, operational, or payment purposes, then Consent for Photography, Videotaping, and Other Imaging [P-0127- Attachment A] form must be used.

*Known risks of procedure [as stated by physician]:

The nature and purpose of the procedure, its benefits, risks, complications, possible treatment alternatives, problems related to recuperation, likelihood of success and anticipated results if the treatment or procedure is not performed have been explained to me by my attending physician or the provider performing the procedure. I acknowledge that all the questions I have asked with regard to the procedure have been answered to my satisfaction. I acknowledge that I have read this consent form, or had it read to me, and I understand it. I hereby voluntarily consent to the foregoing procedure[s]/treatment [s]. I also acknowledge that no guarantee nor assurance has been made as to the results that may be obtained.

Patient / Surrogate initials * _____

I have had this information explained to me and I understand, I attest that informed consent has been provided including the risks, benefits, potential complications, and alternatives to the procedure[s].

PRINT Name of Patient/Surrogate Decision Maker

Signature of Patient / Surrogate Decision Maker

Date

Time

Signature of Witness

Relationship to Patient

Date

Time

ATTESTATION OF PROVIDER

* I attest that informed consent has been provided including the risks, benefits, potential complications, and alternatives to the procedure[s]

* I have asked the patient receiving the proposed procedure[s]/treatment[s] to restate in their own words what type of procedure[s]/treatment[s] they are receiving, and that he/she understands.

Provider [printed name]

Provider [signature]

Date

Time

STATEMENT OF INTERPRETER [IF NEEDED]

I have translated the information that was presented orally to the patient or surrogate decision maker by the person obtaining this consent. I have also translated this consent form to the patient/legal representative in the

* _____ language. I am qualified to provide this translation, and to the best of my belief, I have accurately translated this information to the patient or his/her surrogate decision maker; he/she did understand the information and

*DID *DID NOT consent to the procedure[s]

PRINT Name of Interpreter

Signature of Interpreter

Date

Time