

UNC HEALTH CARE SYSTEM
REQUEST AND CONSENT FOR PROCEDURE
HIM #248s

I authorize _____ and/or associates and assistants of his/her choice at _____
Surgeon Name Entity Name

(referred to herein as "facility") to perform the following procedure(s):

I understand that surgical assistants and/or residents may perform selected tasks under the supervision of my attending surgeon(s). These tasks may include (if applicable): opening and closing a surgical site; dissecting tissue; removing tissue, blood or body fluids; injecting medications; harvesting grafts; transplanting tissue; administering anesthesia; implanting devices; inserting/removing/operating an endoscope for diagnosis or treatment; and placing invasive lines. At the time of the procedure(s), the attending physician will determine the extent of participation by the surgical assistants and/or residents depending on: (1) the complexity of the procedure; (2) my unique circumstances as the patient; and (3) the surgical assistants' or residents' training and experience.

2. I request that necessary and appropriate anesthesia and medications be given to me.

3. I understand that, during the procedure(s), it is possible for something unexpected to happen that may require another or different procedure(s) be performed on me. In that situation, I authorize my above-named health care providers or providers identified as necessary by my surgical team to do what is medically necessary and appropriate for me.

4. I have discussed with my health care provider the following issues, as appropriate to my care **[initial one]**:

_____ **Authorization for Blood Products:** I authorize medically necessary blood and blood products be given to me before, during or after the procedure(s), as determined by my health care provider;

_____ **Refusal to Authorize Blood Products:** I do NOT authorize blood or blood products be given to me. (The patient or his/her guardian MUST also complete the facility's form for refusal of blood or blood products.)

5. I have had an opportunity to ask questions, have had those questions answered, and have received sufficient information so that I have a general understanding of:

- a. my **medical condition**,
- b. the **nature and benefits** of the procedure(s),
- c. the usual and most frequent **risks** of the procedure(s),
- d. the risks and benefits of the **alternative treatment(s)**, and
- e. the **prognosis** of my condition **with and without the procedure(s)**.

6. I am aware that the practice of medicine (including surgery) is not an exact science, and no one has made any guarantees about the results of my procedure(s).

7. I understand the procedure(s) may result in the use of a human tissue implant, non-human implant or collagen received from a facility registered with the US Food and Drug Administration. Risks with implanted tissue include infection from bacteria or viruses which include but may not be limited to HIV and/or the hepatitis viruses.

8. I give permission for employees, agents, or independent contractors of the facility to do the following, as long as any action they take is consistent with policies and laws that protect my rights:

- a) take photographs or make videos or drawings of me for permissible treatment, payment, or health care operations purposes (which may include quality assessment, education, and training), and to use or disclose such photographs, videos or drawings consistent with these purposes;
- b) examine and dispose of any tissue, blood, or body parts that may be removed during the procedure(s), or use such tissue, blood, or body parts removed during the procedure(s) for education or research; and
- c) for the purposes of advancing healthcare education, I give consent for observers authorized by the facility to be present during the procedure(s).



9. For women of childbearing age: I understand there may be the potential need for diagnostic x-ray(s) during my procedure(s). Exposure to x-ray may cause serious injury to an unborn fetus. Large x-ray exposures to an unborn fetus have been known to cause birth defects and abortion. Doses from diagnostic x-rays are not considered "large," but there is a potential risk of serious injury to an unborn fetus. I understand and have no further questions.

10. **Based on my discussion with my health care provider and the information that I have received, I give my consent to the procedure(s). I confirm that I have read this form, or that it was read to me, that all blank spaces were filled in as appropriate, and all sections that I do not agree with were crossed out and initialed before I signed below.**

Signature of Patient (or person authorized to sign for patient)

Date

Time

Relationship to Patient (if applicable)

WITNESS CERTIFICATION

The patient (or person authorized to sign for the patient) has answered "yes" to all of the following questions:

- a) Did a health care provider explain the procedure(s) to you?
- b) Did a health care provider explain that selected tasks may be performed by assistant(s)/resident(s)?
- c) Did a health care provider explain alternative procedures and treatments and their risks and benefits?
- d) Have you given your consent for the procedure(s)?
- e) Have all of your questions about the procedure(s) been answered?

Witness Signature

Printed Name

Date

Time

