

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER
Disclosure and Consent Medical and Surgical Procedures

TO THE PATIENT:

You have the right, as a patient, to be informed about your condition and the recommended surgical, medical, or diagnostic procedure to be used so that you may make the decision whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you; it is simply an effort to make you better informed so you may give or withhold your consent to the procedure.

1. I (we) voluntarily request Doctor(s) _____ as my physician(s), and such associates, technical assistants and other health care providers as they may deem necessary, to treat my condition which has been explained to me (us) as (lay terms):

2. I (we) understand that the following surgical, medical, and/or diagnostic procedures are planned for me and I (we) voluntarily consent and authorize these procedures (lay terms): _____

Please check appropriate box: Right Left Bilateral Not Applicable

3. I (we) understand that my physician may discover other or different conditions, which require additional or different procedures than those planned. I (we) authorize my physician, or health care provider, and such associates, technical assistants and other health care providers to perform such other procedures, which are advisable in their professional judgment.

4. I (we) (do) (do not) consent to the use of blood and blood products deemed necessary. I (we) understand that the following risks and hazards may occur in connection with the use of blood or blood products:

- a. Serious infection including but not limited to Hepatitis and HIV which can lead to organ damage and permanent impairment.
- b. Transfusion related injury resulting in impairment of lungs, heart, liver, kidneys and immune system.
- c. Severe allergic reaction, potentially fatal.

5. I (we) understand that no warranty or guarantee has been made to me as to result or cure.

6. Just as there may be risks and hazards in continuing my present condition without treatment, there are also risks and hazards related to the performance of the surgical, medical, and/or diagnostic procedures planned for me. I (we) realize that common to surgical, medical, and/or diagnostic procedures is the potential for infection, blood clots in veins and lungs, hemorrhage, allergic reactions, and even death. I (we) also realize that the following risk and hazards may occur in connection with this particular procedure:

(add additional risk, as appropriate)

7. I (we) have been given an opportunity to ask questions about my condition, alternative forms of anesthesia and treatment, risks of non-treatment, the procedures to be used, and the risks and hazards involved, and I (we) believe that I (we) have sufficient information to give this informed consent.

8. I (we) certify this form has been fully explained to me (us), that I (we) have read it or have had it read to me (us), that the blank spaces have been filled in, and that I (we) understand its contents.

Date: _____ Time: _____ A.M./P.M.

Signature of Patient or Other Legally Responsible Person

Print Name and Relationship, if patient not signing consent

Witness to Signature

Print Witness Name

Alternative Form of Communication or Translator used: Yes No

Print Interpreter Name or Form of Communication Used