Informed Consent

Rationale

This tool is a sample consent form that provides for shared decision making and consent.

- The document should be signed by both the physician and the patient after the physician has had a thorough discussion with the patient.
- The informed consent discussion should be documented in the patient's medical record. The Informed Consent document provides the record that the patient consented and the medical record reflects that actual communication between the physician and the patient
- Keep in mind that it is the patient's prerogative to make a decision contrary to medical advice and recommendations.
- The informed consent document should be written in lay terms. Medical language should be defined.
- A complete informed process includes informing the patient of all recommended and alternative treatments or surgeries. The discussion should include risks and benefits of all options including the option of no treatment or no surgery.
- More detailed consent forms tailored to specific conditions or treatments are commercially available for higher volume procedures. The Mutual encourages the use of more comprehensive and specific forms where available.
- This sample tool may not provide sufficient space to adequately cover all of the needed items for many medical or surgical procedures. The Mutual recommends that you use this tool as a guideline and customize the tool to your practice.

Sample Consent to Medical or Surgical Procedure

I, _____, hereby consent to the medical/surgical procedures outlined below, to be performed by_____, and his/her associates/assistants _____.

The operation (s), treatment and/or procedure(s)_____ has (have) been explained to me in layman's terms by Dr._____ and I understand the nature and purpose of the operation (s) and/or procedure (s).

The nature and extent of the procedure and/or surgery to be performed, and risks involved including serious consequences have been explained to me by Dr._____.

The risks discussed were: _____.

I have also been made aware of the alternative procedures and methods of treatment including the dangers and probable consequences of such alternatives, including the consequences of refusing the operation and/or procedure.

I have also been informed of the general risks associated with any surgical or invasive operation (s), treatment and/or procedures (s), and I acknowledge that no guarantees have been made to me concerning the results of the procedures (s) stated above.

I authorize the physician named above and/or his/her assistants to preserve for scientific purposes or to dispose of any tissue, organs, or other body parts removed during the surgery or other diagnostic procedure (s) in accordance with customary medical practice. ____YES ____NO

I consent to the taking and publication of any photographs in the course of this operation, treatment and/or procedure for the purpose of advancing medical education. For the purpose of advancing medical education, I also consent to the admittance of observers to the operating room. ____YES ____NO

My signature below constitutes my acknowledgment that (1) I have read and agreed to all of the above. (2) The proposed operations (s) or procedures (s) have been satisfactorily explained to me and that I have all of the information which I desire about them. (3) I have been given an opportunity to ask any questions that I might have concerning the procedure, risks and alternative procedures (s) and (4) I hereby give my authorization and consent.

Patient's Signature: _____Date/time:_____
Witness:_____ Date/time:_____
Physician Signature: _____Date/time:_____

If the patient is unable to consent on his/her behalf, complete the following:
Patient _____ is unable to consent because:
_____

Legally Responsible Person: _____Date/time: _____

Physician Signature: _____Date/time:_____