PATIENT CONSENT

Please check the appropriate box and initial.

_____ I ❑ **do** ❑ **do not** consent to the transfusion of blood, blood components in an emergency.

_____ I ❑ **do** ❑ **do not** consent to the disposal of any tissues or body parts that may be removed in accordance with customary practice.

_____ I understand that I am scheduled to go home after my surgery and I must have a responsible adult drive me home and stay with me as advised by my physician.

_____ I understand that the photographs/video will be used for medical purpose and **WILL NOT** be released for publication in any other context without my expressed permission.

_____ For the purpose of advancing medical education, I ❑ **do** ❑ **do not** consent to the admittance of students and persons required for technical support to the room in which the procedure is performed.

_____ I understand the surgery/procedure is intended to be performed on an outpatient basis; I consent to my transfer to a hospital or other facility should my physician(s) deem it advisable or necessary.

_____ The nature, purpose, and possible complications of the procedure and medical services described above; risks and benefits reasonably expected; and the alternative methods of treatment have been explained to me by the physician; and I understand the explanation I have received.

_____ I understand that Endoscopy Center of Silicon Valley is not responsible or liable for the loss of or damage to any article of value that I brought to the center.

_____ I have received and understand this center's Notice of Privacy Practices.

_____ I have received verbal and written notification of patient rights and responsibilities in advance of my procedure in a language and manner I understand.

_____ At the present time I ❑ **am** ❑ **am not** participating in a medical research study.

_____ I understand that medication and procedures can represent a danger to an unborn fetus. I have been offered a pregnancy test. – N/A – Male

_____ Choosing not to take a pregnancy test, I certify that I am not (the patient is not) pregnant. – N/A – Male

_____ I understand that in the event an employee, physician or other individual, during my visit, has had an accidental exposure to my body fluids, I will have blood drawn for testing purposes. I also understand that if an accidental contact does occur, any blood drawn will be handled in a manner that protects my privacy and identity. No results of any tests done on my blood will be released or shown to any unauthorized person without my written authorization and I understand there will be no cost to me for these tests.

_____ I have received information regarding my physician's ownership/financial interest in the facility.

PATIENT IDENTIFICATION:

Endoscopy Center of Silicon Valley
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