



6095



# NORTHSIDE HOSPITAL

English - Spanish

ADDRESSOGRAPH

AFFIX PATIENT LABELS OVER THIS BOX

BAR CODE MUST FALL BETWEEN THESE LINES

PATIENT'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

(Patient name and birthdate not required if label is present.)

**ABOUT THIS FORM:** This form obtains your consent to medical care in the Northside Hospital System ("Northside").

**DURATION OF CONSENT:** Consent to treatment is effective for your entire admission. If you are receiving continuing treatment, such as for a course of chemotherapy, this consent is effective throughout your entire course of treatment.

**MINORS:** Patients under 18 years old, are generally not legally permitted to consent to medical treatment. There are some exceptions for minors who are on active duty in the U.S. Armed Forces, have a court order of emancipation or are married. A minor with children can consent to treatment of his/her child. Minors can also consent to treatment related to pregnancy, birth control, sexually transmitted diseases (including HIV), and drug and alcohol abuse. For any other treatment, we must have the consent of an adult relative, preferably a parent.

**INFORMED CONSENT:** If you have surgery, anesthesia or other procedures at Northside ("Invasive Procedures"), the physician performing the Invasive Procedure is responsible for providing you with information about the Invasive Procedures. The physician or his or her associates or assistants should discuss the material risks and benefits of any Invasive Procedures and the alternatives and answer any questions. The physician will also provide you with information about the planned pain control during and after the Invasive Procedures. You will be asked to sign an Informed Consent form to acknowledge your understanding of the Invasive Procedure, the risks, and alternatives. If Northside employees complete, or assist you in completing, any portion of any Informed Consent form, they are performing a clerical or administrative function only and are not responsible for explaining the medical or other information provided to you on the Informed Consent form. Please ask your physician if you have any questions about the Invasive Procedure, the risks, or alternatives.

**CONSENT TO ROUTINE PROCEDURES:** During the course of your care, various tests and diagnostic or treatment procedures ("Routine Procedures") may be necessary. These Routine Procedures may be performed by physicians, nurses, technicians, physician assistants or other healthcare professionals. While these are routinely performed without incident, there may be material risks associated with each of these Routine Procedures. It is not possible to list every risk for every Routine Procedure. If you have any questions or concerns regarding Routine Procedures, please ask your physician to provide additional information. Routine Procedures may include, but are not limited to, needle sticks, physical tests, assessments and treatments, administration of medications by any route, vaccinations, drawing blood, bodily fluids or tissue samples, inserting devices to access veins or arteries, insertion of tubes and imaging procedures. In rare circumstances, Routine Procedures may cause infection, loss of limb or function, damage to tissue or implants, paralysis or death. If you deliver a baby at Northside, this consent will also apply to your baby for routine procedures like blood tests (including the Georgia Newborn Screening Program), vitamin shots, eye drops and examinations. Other procedures, like circumcision, may require a separate consent form.

**CONSENT TO ADDITIONAL PROCEDURES AND TREATMENT:** During the course of the Invasive Procedures or Routine Procedures, unforeseen conditions may require an extension of the original procedures or the performance of additional or different procedures. You consent to and authorize the physician and his or her associates or assistants to make decisions concerning the performance of and to perform such procedures as they may deem reasonably necessary or desirable in the exercise of their professional judgment. This consent extends to the treatment of all conditions which may arise during the course of the procedures, including conditions which may be unknown or unforeseen at the time this consent is obtained.

**IF YOU CHANGE YOUR MIND:** You have the right to change your mind. You can decide to consent to treatment that you originally refused or withdraw consent to treatment that you originally agreed to if care can be withdrawn without causing additional harm to you. Please let your nurse and physician know as soon as possible if you want to withdraw consent or change any other decisions that you have made.

**TESTING OF SPECIMENS:** You consent to retention by Northside of any specimens of tissue, medical devices or foreign objects removed during any procedure or expelled or otherwise separated from your body. You agree that these items may be examined by pathologists, autopsied, used for scientific or teaching purposes and disposed of or retained in the discretion of Northside or its medical staff, in accordance with applicable law, unless you request otherwise in writing prior to the procedure. If tissue specimens include products of conception or fetal remains, they may be disposed of by the lab following any necessary examination. Please let your nurse know if you have other requests for handling specimens. Northside may dispose of any items requested by you if you do not retrieve them within fourteen days after the procedure.

**VACCINE REGISTRY:** If you receive a vaccine during your visit, Georgia law requires health care providers to report vaccinations to the Georgia Registry of Immunization Transactions and Services (GRITS). Patients are deemed to consent to reporting unless they have submitted a written request to "opt out" to the Georgia Department of Public Health. **If you have filed an "opt out" request with the Georgia Department of Public Health, you are responsible for notifying your provider at the time you receive the vaccination.**

**MEDICATIONS FROM OUTSIDE SOURCE:** Northside policy prohibits the use of any drugs, supplements and herbal preparations (“medications”) within a Northside facility by an inpatient unless those items were dispensed by the Northside pharmacy. This policy has been adopted to insure that medications are safe, free of contaminants, and dispensed in accordance with state and federal laws. If you have brought medications to Northside and wish to take these medications while an inpatient, observation patient or patient in the extended recovery unit, you must notify nursing staff and complete additional documentation about those items. If you will be receiving outpatient services, you are responsible for notifying the physician about medications that you are taking and for following the physician’s instructions. If the physician requests that you bring the medication to Northside and take it before or after the procedure, Northside may request to examine it before it is taken so that it can be documented in the medical record, but Northside is not responsible for the safety or proper dispensing of such medication. Northside may also obtain information about your prescriptions from your pharmacy or other programs and databases.

**TELEHEALTH:** You consent to telehealth consultations recommended by your physician. During the consultation, your medical history and test results may be discussed with Georgia licensed health professionals through telecommunication technology. In some cases, a physical exam will be performed. Unless you object, a non-medical technician may be present to assist with the technology and audio or video recordings may be taken. You can withhold or withdraw consent to the telehealth consultation at any time without affecting your right to future care, or risking the loss of any Medicaid benefits to which you may be entitled. If you do not consent to a telehealth consultation, some services may not be available at all Northside locations. You have been informed of available alternative options, which may include in-person services. All state and federal laws, including privacy and confidentiality, apply to records of the telehealth consultation. The consulting physician will inform you of any other risks or benefits of the telehealth consultation. You have the right to see appropriately trained staff in-person immediately after the telehealth consultation if an urgent need arises. **If you do NOT consent to telehealth consultations, please cross out and initial this paragraph.**

**HOSPITAL’S ROLE IN TEACHING:** Northside is engaged in health care education. At times, care, examination and treatment may be delivered by students or medical residents (physicians in training) under the supervision of the physicians or hospital personnel. Students will never have primary responsibility for your care; fully licensed health care professionals will be supervising the students and available to assist you. **If you do NOT want students involved in your care, please cross out and initial this paragraph.**

**MANUFACTURER’S REPRESENTATIVES:** Northside or your physician may request the presence of representatives from medical equipment or drug companies during your procedure. These representatives may assist your physician in selecting devices, drugs, or equipment, or provide advice about a manufacturer’s product. **If you do NOT consent to manufacturer’s representatives being present during your procedure, please cross out and initial this paragraph.**

**MEDICAL DEVICES:** Federal law requires manufacturers of some medical devices (like pacemakers) to collect the name, address and social security number of patients who receive those devices. This information is used to notify patients of any problems or recalls concerning the implanted device. Federal law also allows you to refuse to release any information to the manufacturer. **If you do NOT consent to the release of information for the purpose described in this paragraph, you are responsible for notifying your physician at the time of the procedure.**

**TESTING FOR BLOOD-BORNE DISEASES:** Georgia law allows testing for blood-borne diseases in certain situations. For example, if a health care worker is exposed to your blood (e.g., a needle stick), Georgia law provides that your blood may be tested for blood borne diseases, including HIV/AIDS. Also, if you are an obstetrical patient in the third trimester of your pregnancy, or are in pre-term labor during your second trimester, Northside may test you for HIV and syphilis as required by Georgia law. You will be informed of the test results. **If you want to refuse this testing, cross out and initial this paragraph. Northside may still test your blood when required or permitted by Georgia law.** For all other patients, if your physician recommends an HIV test, your physician is responsible for notifying you and giving you an opportunity to refuse the test.

**PHOTOGRAPHY AND RECORDING:**

By signing below, you consent to being photographed and recorded by Northside, physicians or other health care providers for purposes of ensuring proper patient identification or for medical documentation, care or treatment. You acknowledge that such photographs or electronic recordings and related information may be used for internal operation purposes of Northside including, but not limited to, training, quality assessment and improvement activities, case management, or other purposes that do not include treatment. Additionally, if, in the judgment of your physician, medical research, education or science will benefit by their use, photographs and related information may be published in professional journals or medical books, or used for any similar purpose in the interest of medical education, knowledge or research; provided, however, that in any such publication or use, you will not be identified. Please speak with your physician if you have questions about photographs or recordings. Northside has contracted with a private company to photograph newborns for security purposes. The company will be provided the minimum information necessary to provide the service and security photos and other information available to the company will be subject to applicable privacy laws. **If you do NOT consent to your physician taking photographs and recordings for the purposes indicated in this paragraph, please cross out and initial this paragraph.**

**POST-PROCEDURE TRANSPORTATION:** If you have surgery or another procedure under anesthesia or moderate sedation, you should not drive for at least twenty-four hours after the procedure because of the effect of the anesthesia/sedation on your judgment and reflexes. If you are given oral sedatives to relax you during the procedure, you should follow your physician’s instructions about driving or other activities. If you are having an outpatient procedure under anesthesia or moderate sedation, you must identify an adult who will be responsible for your transportation and must provide Northside with instructions on how to reach that person at the time of discharge. If you are unable to arrange transportation, Northside may arrange for you to spend the night at a Northside facility, which will be reflected on your bill. Your failure to arrange transportation or to agree to stay overnight at Northside may result in a delay or cancellation of your procedures or a delay in your release from the facility.

**PRIVACY OF YOURSELF AND OTHERS:** You have been provided with a Notice of Privacy Practices identifying how Northside complies with federal privacy laws. Unless you object, Northside may communicate with family members or others who may be involved in your care such as the person who brought you here. You also consent to communication with your primary care physician or other healthcare provider regarding your care. By signing this consent, you give permission for health care providers to communicate with you in the presence of your family members or other visitors who may be present when such discussions occur. If you object to such communication, it is your responsibility to notify your health care provider and limit who may be present during health care discussions. You agree to respect the privacy of others at Northside, including other patients and their visitors. You agree to comply with Northside policies which prohibit photography or recording on the premises. In the event you do not comply, you agree that Northside may remove any photography or recording devices in your possession and retain them until your discharge.

**PERSONAL PROPERTY:** You are responsible for your own valuables and personal belongings. Northside maintains a safe, available for your use, for the safekeeping of patient valuables and personal belongings. By signing this consent, you agree that Northside is not responsible for any loss, theft, misplacement or damage of any patient valuables or belongings unless Northside agreed to store such items in Northside's safe. If Northside believes that you have any items that may be dangerous to your health and safety, or the health and safety of others, or which may interfere with your treatment at a Northside facility, Northside has the right to search your personal belongings and room and remove those items.

**BY SIGNING BELOW, YOU ACKNOWLEDGE AND AGREE THAT:**

- > The practice of medicine is not an exact science and no guarantees have been made to you as to the result of any treatment or examination at Northside;
- > The healthcare professionals participating in your care will rely on your documented medical history, as well as other information obtained from you, your family or others having knowledge about you, in determining whether to perform or recommend procedures; therefore, you agree to provide accurate and complete information about your medical history and conditions;
- > The physician is responsible for informing you in general terms of the nature and purpose of any Invasive Procedures, the material risks and practical alternatives to the such procedures;
- > You consent to participation in and assistance with the invasive and routine procedures by Northside employees, medical personnel under the direct supervision and control of physicians, and other medical personnel involved in the course of treatment;
- > If a health care worker is exposed to your blood as a result of care provided at a Northside facility, your blood may be tested for HIV/AIDS; and
- > You have received a copy of the Northside statement of patient rights and responsibilities.

**Some or all of the health care professionals performing services at a Northside facility are independent contractors and are not agents or employees of Northside. Independent contractors are responsible for their own actions and Northside shall not be liable for the acts or omissions of any such independent contractors.**

YOU HAVE READ OR HAD ALL PAGES OF THIS FORM READ TO YOU AND UNDERSTAND ITS CONTENTS. ALL BLANKS REQUIRING COMPLETION WERE FILLED IN AND ALL STATEMENTS THAT YOU DO NOT APPROVE OF WERE CROSSED OUT BEFORE YOU SIGNED THIS FORM. IF YOU ARE SIGNING THIS FORM ON BEHALF OF ANOTHER PERSON, TO THE BEST OF YOUR KNOWLEDGE, YOU ARE LEGALLY AUTHORIZED TO CONSENT ON THAT PERSON'S BEHALF.

Witness	Date/Time	Signature of Patient or Legal Representative	Date/Time
Second witness (required if telephone/verbal consent)	Date/Time	Relationship to Patient If Not the Patient	Date/Time
Interpreter Signature <b>Note:</b> if phone interpretation used, record interpreter ID#	Reason Patient Unable to Sign		

**NOTICE OF NON-DISCRIMINATION.** Northside Hospital complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

**ATTENTION:** If you speak a language other than English, language assistance services, free of charge, are available to you. Call 404-845-5898 (Atlanta/Forsyth); 678-493-1507 (Cherokee); 678-312-4399 (Gwinnett)

Northside Hospital cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

**ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 404-845-5898 (Atlanta/Forsyth); 678-493-1507 (Cherokee); 678-312-4399 (Gwinnett)

Northside Hospital tuân thủ luật dân quyền hiện hành của Liên bang và không phân biệt đối xử dựa trên chủng tộc, màu da, nguồn gốc quốc gia, độ tuổi, khuyết tật, hoặc giới tính.

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 404-845-5898 (Atlanta/Forsyth); 678-493-1507 (Cherokee); 678-312-4399 (Gwinnett)