

To: [REDACTED] (name of patient)

PART A
CONSENT TO SURGERY OR SPECIAL PROCEDURE
(To be filled out for all invasive procedures including blood)

1. Your attending physician is Dr. DSD
Dr. Taheri is the primary surgeon. Primary surgeon means the physician who will perform your operation or procedure. This physician is an independent contractor and is not an employee, representative or agent of Saint Mary Medical Center.

2. Your attending physician and primary surgeon have recommended the following operation(s) or procedure(s): placement of hemodialysis line right
internal jugular

3. With your permission, your primary surgeon will perform the operation or procedure named above. If there is an emergency and your primary surgeon believes different or more procedures are needed for your health, those different or added procedures will also be performed. If your primary surgeon cannot perform or complete the operation, a trained substitute surgeon will do so.

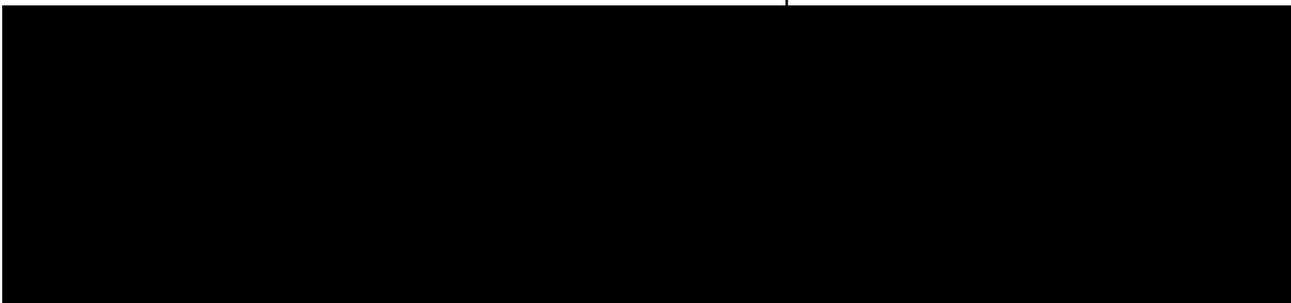
4. Your operation has some risks including the risk of unsuccessful results, complications, injury, or even death, from both known and unforeseen causes. No promise or guarantee is made about the result or cure. You have the right to be told about the risks and the nature of the operation or procedure, the expected benefits of the operation, and any different types of treatment and their risks or benefits. You also have the right to be told if your attending physician or primary surgeon has any research or financial interest related to your operation. Except in an emergency, your operation will not be performed until you have received information on risks and benefits and have agreed to have the operation. You have the right to agree or not agree to any proposed operation at any time before the operation happens.

5. If your operation or procedure requires anesthesia the anesthesia will be given to you by an anesthesia care provider, who can answer questions about the type of anesthesia to be used. The anesthesia plan will be discussed with you prior to your procedure. Other doctors and personnel, including pathologists and radiologists from the medical staff of the hospital, may help to perform your operation, if asked by your primary surgeon. The hospital provides personnel and facilities to help your primary surgeon and the other doctors.

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6. Your primary surgeon may elect to be assisted by another doctor, registered nurse ("R.N. First Assistant") or a Physician Assistant, all of whom are professionally trained to perform as a surgical assistant under the supervision of your primary surgeon. **(See part B of the form. You will be asked to sign this immediately prior to your surgery/procedure)**
7. One or more resident physicians may assist at your operation under the guidance of your primary surgeon. Resident physicians are physicians who are part of the hospital's accredited teaching program, or an approved external program.
8. Your primary surgeon may have requested that a representative(s) from a medical device company be present during your operation or procedure. The representative(s) may assist with the medical device or equipment used during your operation or procedure. If such representatives will be present, the name(s) of the company (ies) will be provided to you prior to your surgery. The representatives' name(s) will be documented in your medical record. They are not doctors or nurses. They are not agents or representatives of the hospital. By signing this form, you agree to have them present in the operating room during your operation. You have the right to refuse to have them present, however. Please discuss any questions about their presence with your attending physician or primary surgeon.
9. Other persons who will not take part in your operation may be present in the operating room, or may be observing your operation by audio or video communication, as part of their education or training. These observers may include, but not be limited to, resident physicians, medical staff members, students, or trainees enrolled in a health professional training program offered by the hospital or affiliated with the hospital. In addition to educational observers, ~~hospital medical staff members responsible for medical staff oversight may be present in the~~ operating room.
10. If your attending physician or primary surgeon thinks that you may need a blood transfusion as a result of your operation or procedure, he or she will tell you, and give you a booklet about blood transfusion. The booklet will explain the benefits and risks of different types of blood transfusions, including predonation by you or by someone else. You have the right to have adequate time before your operation or procedure to arrange for predonation. You can give up this right if you do not wish to wait. Blood transfusions have certain risks. For example, blood can carry disease, such as hepatitis or Human Immunodeficiency Virus (HIV). You have the right to agree to or refuse any transfusion. You should discuss any questions that you may have about transfusions with your attending physician or primary surgeon.
(See part C of consent)



11. In signing this consent form, you give permission for the pathologist to use his or her judgment about how to use or dispose of any body part, organ, or other tissue removed from you during your operation or procedure. You may add the following conditions, if you would like:

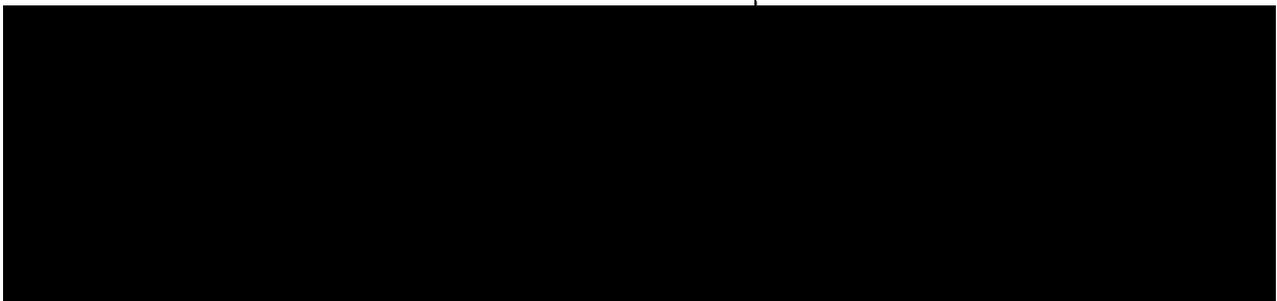
12. By signing this form, you agree that your attending physician or primary surgeon has discussed your operation or procedure with you. You agree that the discussion included an explanation of the risks and benefits of the operation or procedure, any foreseeable problems, any other methods of treatment, and any research or financial interest that your attending physician or primary surgeon may have. This discussion is the responsibility of your attending physician or primary surgeon. It is not the hospital's responsibility.

13. Your signature on Part A of this form means that: (1) you have read and understood the information Part A of this form, (2) the operation or procedure and its risks, benefits and alternatives have been explained to you by your physician(s), (3) you have had a chance to ask your physician questions, (4) you have received all of the information you want about the operation or procedure, and (5) you agree to the operation or procedure to be performed by the primary surgeon named above, with the help of a first surgical assistant and any other persons described above.

Signature: _____ Date: 11/2/19 Time: 1830 AM/PM PM
(Patient/parent/legally authorized representative)

If signed by the patient, the patient's name is _____
Witness _____

6. Your primary surgeon may elect to be assisted by another doctor, registered nurse ("R.N. First Assistant") or a Physician Assistant, all of whom are professionally trained to perform as a surgical assistant under the supervision of your primary surgeon. **(See part B of the form. You will be asked to sign this immediately prior to your surgery/procedure)**
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9. Other persons who will not take part in your operation may be present in the operating room, or may be observing your operation by audio or video communication, as part of their education or training. These observers may include, but not be limited to, resident physicians, medical staff members, students, or trainees enrolled in a health professional training program offered by the hospital or affiliated with the hospital. In addition to educational observers, ~~hospital medical staff members responsible for medical staff oversight may be present in the~~ operating room.
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(See part C of consent)



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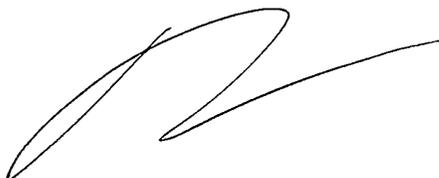
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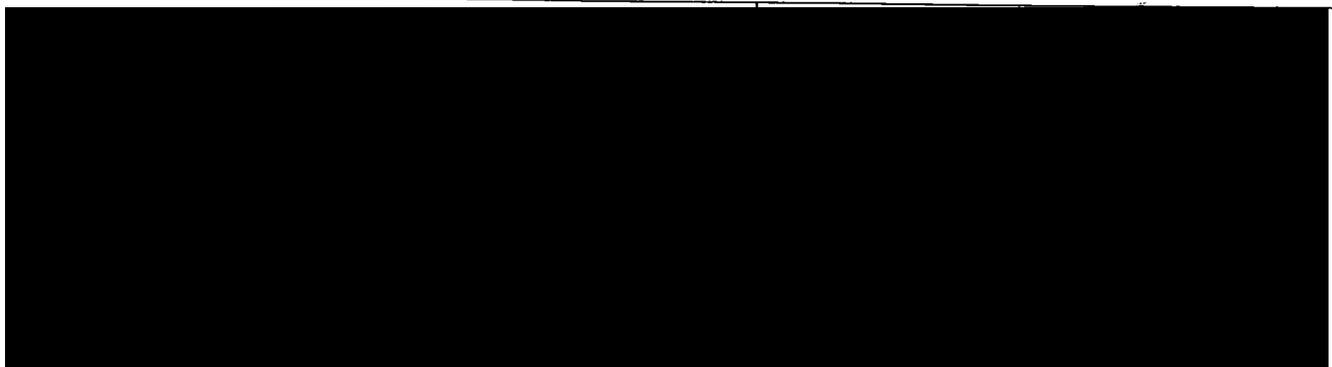
13. Your signature on Part A of this form means that: (1) you have read and understood the information Part A of this form, (2) the operation or procedure and its risks, benefits and alternatives have been explained to you by your physician(s), (3) you have had a chance to ask your physician questions, (4) you have received all of the information you want about the operation or procedure, and (5) you agree to the operation or procedure to be performed by the primary surgeon named above, with the help of a first surgical assistant and any other persons described above.

Signature:  Date: 11/12/19 Time: 1912 AM/PM PM
(Patient or authorized representative)

If signed by other than patient, indicate name and relationship: daughter

Witness:  Name: Lilly B. RN
(Signature) (Print Name)

 Chon 11/12/19
712 RN



PART C
CONSENT TO BLOOD TRANSFUSION

Your signature below indicates that:

1. You have received a copy of the brochure, *A Patients Guide to Blood Transfusions*,
2. You have received information from your doctor concerning the risks and benefits of blood transfusion and of any alternative therapies and their risks and benefits,
3. You have had the opportunity to discuss this matter with your doctor, including predonation, and
4. Subject to any special instructions listed below, you consent to such blood transfusions as your doctor may order in connection with the operation or procedure described in this consent form

Special Instructions:

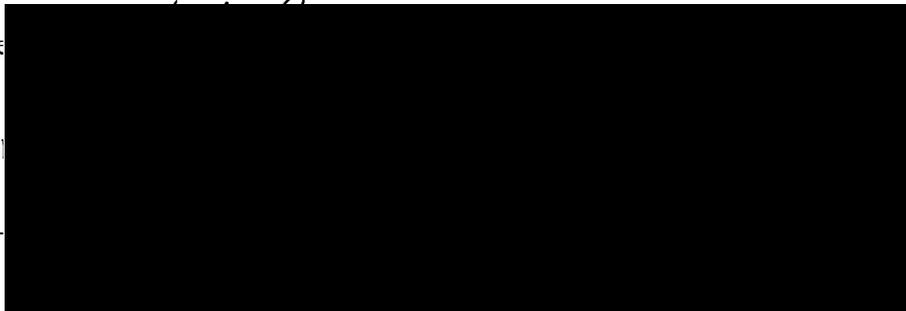
(Describe here any specific instructions for patient's blood transfusion, e.g., predonation, direct donation, etc.)

Date: 11/15/2019 Time: 8:50 AM/PM

Signature

If signed

Witness:



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