

Upper Bay Surgery Center

Operative Consent

Patient Name: _____ **Date of Procedure:** _____

I hereby authorize _____ and whomever he may designate as his assistants to perform upon myself the following operation: _____

_____ and if any unforeseen condition arises in the course of the operation calling in his judgment for procedures in addition to or different from those now contemplated, I further request and authorize him to do whatever he deems advisable.

The nature and purpose of the operation, possible alternative methods of treatment, the risks involved, and the possibility of complications have been fully explained to me. I acknowledge that no guarantee or assurance has been made as to the results that may be obtained. I have read and fully understand the surgical procedure risks and conditions of admission. I have read and understand the Patient's Rights and Responsibilities, the ownership disclosure, and information on advance directives. I understand my financial liability with regards to this procedure. I hereby authorize Upper Bay Surgery Center to bill my insurance company which may include release of medical information to process my claims. I also authorize payment to be made directly to Upper Bay Surgery Center.

I consent to the administration of anesthesia by a Board Certified Anesthesiologist, Certified Registered Nurse Anesthetist, or my Surgeon.

I consent to the disposal by authorities of the Upper Bay Surgery Center any tissue which may be removed.

For the purpose of advancing medical education, I consent to the admittance of observers to the operating room. I consent to the photographing or televising of my operation for medical or educational purposes provided my identity is not revealed.

If you have any issues or questions, please ask your physician before you sign this form.

| | |
|--------------------------------------|-------------------------|
| _____ | _____ |
| Patient or Authorized Representative | Relationship to Patient |
| _____ | _____ |
| Witness of Signature | Date |
| | Time |

PHYSICIAN CERTIFICATION

I certify that I have explained the risks, benefits and alternatives and secured informed consent for the performance of this procedure and the emergent administration of blood and/or blood products, if necessary.

| | |
|------------------------|-------|
| _____ | _____ |
| Signature of Physician | Date |

Upper Bay Surgery Center

Surgical Procedure Risks

This sheet explains some important general information about procedures, which you should read before giving your consent to have any surgery. Your surgeon will give you more detailed information regarding your specific operation

MEDICAL TERMINOLOGY: Your physician can and will explain your proposed procedure using terms which you can understand. If your physician uses medical words that are not common, ask your physician to explain them until you understand what will be done and why.

RISK OF SURGERY: All operations carry with them certain risks, including failure to obtain the desired result, discomfort, injury, additional therapy, bleeding, infection and in rare instances, death. You should discuss these risks and any alternatives to the procedure with your surgeon.

UNANTICIPATED CONDITIONS: During the course of an operation conditions may be encountered other than those anticipated before the surgery. Your surgeon may be required to perform a different operation than planned because of these anticipated findings.

NO GUARANTEES: The practice of medicine and surgery is not an exact science and results cannot always be anticipated. No guarantees can be made to you concerning the course, duration or results of your surgery by your surgeon or anyone else at Upper Bay Surgery Center.

NOTICE OF POLICY REGARDING ADVANCE DIRECTIVES: In the state of Maryland, each person has the primary right to request or refuse medical treatment subject to the state's interest in protecting innocent third parties and to make Advance Directs or to execute powers of Attorney that authorize others to make decision on their behalf.

All patients have the right to participate in their own health care decisions and to make advance directives or to execute powers of attorney that authorize others to make decisions on their behalf based on the patient's expressed wishes when the patient is unable to make decisions or unable to communicate decisions. Upper Bay Surgery Center respects and upholds those rights.

However, unlike in an acute care hospital setting, Upper Bay Surgery Center does not routinely perform "high risk" procedures. Most procedures performed in this facility are considered to be of minimal risk. Of course, no surgery is without risk. You will discuss the specifics of your procedure with your physician who can answer your questions as to its risks, your expected recovery and care after your surgery.

Therefore, it is our policy, regardless of the contents of any advance directive or instructions from a health care surrogate attorney in fact, that if an adverse event occurs during your treatment at this facility we will initiate resuscitating or other stabilizing measures and transfer you to an acute care hospital for further evaluation. At the acute care hospital further treatment or withdrawal of treatment measures already begun will be ordered in accordance with your wishes, advance directive or health care power of attorney. Your agreement with this policy does not revoke or invalidate any current health care directive or health care power of attorney.

If you wish to complete an Advance Directive, copies of the official State forms are available at our facility. For additional information regarding advance directives, please visit www.oag.state.md.us.

TESTING: Upper Bay Surgery Center may need to perform a blood test for HIV on any patient during whose treatment a health care professional sustains a puncture or open wound exposure to a patient's blood or other bodily fluids. At such time, a test for Hepatitis B may also be drawn.

PICTURES: Photographs and videotapes of your operations and conditions may be taken and used for documentation and education. Your identity is not revealed by the pictures or descriptions accompanying them. Occasionally, closed circuit television transmission of the operation is used for educational purposes.

OBSERVERS: Students, visiting doctors and medical equipment representatives may be present during your surgery for teaching purposes. Your privacy is respected by all who are allowed to be present.

TRANSPORATION: You must not drive yourself to or from the Surgery Center on the day of surgery. You must have a driver accompany you to the Surgery Center and stay at the center throughout your admission. The Surgery Center will be discharging you to a responsible adult.