

Clarification, acknowledgment and consent statement ("informed consent")



I _____
(full, legible name)

_____/_____, or the caregiver, hereby state that:

(ID number / issuing agency)

1º) I have been informed by the doctor that the assessments and exams carried out revealed the following changes and/or diagnosis(e)s regarding my health status:

2º) I have received all the necessary explanations regarding benefits, risks, treatment alternatives. I have also been informed on the advantages and/or risks of not undergoing any therapy initiative considering the nature of the diagnosed disease(s);

3º) I am aware that, during the _____

_____ exam(s) or procedure(s) performed in the attempt of healing or improving the aforesaid condition(s), other situations not yet diagnosed by the aforementioned exam(s) might appear, as well as other unpredictable (fortuitous) situation(s);

4º) I am aware that in invasive procedure(s), such as the aforementioned, general complications might occur, such as bleeding, infection, cardiovascular and respiratory problems. Besides, the main complications associated specifically to this procedure are the following: _____

5º) I am aware that, in order to carry out the aforementioned procedures, the use of anesthesia is required, whose methods, techniques and anesthetic drugs shall be indicated by:

the anesthesiologist _____
(legible name of the anesthesiologist/team)

the doctor signing this statement;

6º) On my own initiative I accept to take the aforesaid risks and give voluntary permit/authorization for procedure(s) to be carried out as expressed in the present statement. This includes the necessary procedures aimed at solving unpredictable, emergency situations, which must be conducted and solved according to the singular convenience of each event;

7º) the present authorization is granted to doctor _____

_____ as well as to his/her assistant(s) and/or other professional(s) chosen by him/her to intervene in the procedure(s) and according to his/her professional judgement regarding the need of co-participation;

8º) after having read and understood all information within this document, I had the opportunity to clarify all my doubts regarding the procedure(s), before signing it;

9º) I allow, therefore, the doctor/dentist afore identified to carry out the procedure(s), and I allow him/her to make use of his/her own technical judgement so that the best results possible can be achieved through the use of the resources currently known by Medicine and available where the treatment(s) is/are to be carried out;

10º) I authorize the making of videos/photographs, as well as the publishing of the afore mentioned images with scientific ends. I am also aware that these procedures will be carried out by professionals pointed out by my doctor, without any present or future financial burden;

11º) although I have understood all explanations given to me, although all doubts have been clarified, and despite being totally satisfied with the information received, I reserve the right of revoking this consent before the procedure(s), subject of this document, is/are carried out.

Colatina, ____ de _____ de 20 ____ . _____
(patient's signature)

(signature of the patient's caregiver)

In case the patient is minor, has a legal caregiver, or cannot sign this document

(full and legible name of the caregiver)

(ID number / issuing agency)

I CONFIRM I have extensively explained the patient and/or his/her relative(s) – or caregiver(s) – the purpose, benefits, risks, and the treatment/procedure alternative(s) afore mentioned, as well as that he/she might revoke the consent hereby given and subscribed.

Colatina, ____ de _____ de 20 ____ . _____
Doctor signature

CREM ES (Regional Medical Council of the State of Espírito Santo)