

Informed consent form

As a patient you have the right to be informed of the benefits and risks arising from performance of the diagnostic or therapeutic techniques which, given your condition, your doctor, who you have chosen freely, considers to be necessary for your health and well-being.

Although the aim of this document is not to cause you any worry, we are obliged to inform you that, irrespective of the professional skills and means available at this hospital, complications or unsatisfactory results may arise as a result of the inexact nature of medical science.

The undersigned, Mr./Mrs.
aged years, or, as a result of their legal incapacity, their representative Mr./Mrs.
.....

..... with national ID no.
acknowledges that they have been informed, in a clear and easy-to-understand manner, of the details of the procedure that they will undergo, the prognosis, sequelae and other consequences of that procedure, and the possible alternative procedures, if any, along with their effects and risks, and that any doubts or questions they may have had have been answered satisfactorily.

As such, they freely give their consent to the physician and hospital to carry out

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and are aware of the possibility that the following complications may occur in the absence of medical errors, malpractice or omission:

- Infections
- Alterations to the scar (retraction, thickening, etc.)
- Allergic reactions (both INSALUD and the corresponding specialised scientific societies recommend not to systematically carry out diagnostic tests to detect a possible allergy as these tests are not free from risks and a negative result does not guarantee the absence of a subsequent allergic reaction. You should inform the doctor of any previous allergic reactions).
- Vascular alterations, such as haemorrhage, that may require an operation shortly after the procedure.
- Other alterations that may occur as a result of the characteristics of your condition due to force majeure.

I also authorise my doctors to take any and all means they consider necessary to protect my health which, given the urgency thereof, cannot be delayed to request a new consent, including haemotherapy, which implies that although each donation is exhaustively analysed, there is a very small possibility that it can carry a transmissible disease, serum therapy, changes to anaesthesia, instrumental, diagnostic or therapeutic techniques.

Finally, I am aware that I can withdraw my authorisation at any time.

Consequently, I expressly authorise and give my consent:

Patient or representative’s signature

Physician’s signature

Medical licence no.:

In, on 2.....

If the representative signs instead of the patient, please indicate the reason:

- The patient is a minor or is incapacitated.
- Voluntary delegation.
- The patient’s situation does not allow it.

Denial/revocation of consent

Mr./Ms.

.....

in the presence of the undersigned witnesses, hereby denies/revokes (delete as applicable) their consent despite having been informed of the consequences of this decision as a result of and assumes full responsibility for the medical/legal consequences that may arise from that decision, which is freely and consciously taken.

Patient or representative’s signature

Witnesses’ signature

National ID No.:

Physician’s signature

Medical licence no.:

In, on 2.....

Note: Refusals expressed by third parties acting as representatives of a patient’s interest will be submitted to the corresponding duty court.