



AFFIX PATIENT LABEL OR WRITE

Patient's Name: _____

Date of Birth: _____

Today's Date: _____

Surgical/Procedural Informed Consent -- SAHS-411

Patient's Name: _____ Date of Birth: ____ / ____ / ____

Provider Name: _____

Facility: Baker City Boise Nampa Ontario Clinic: _____

Procedure(s) (no abbreviations):

MEDICAL CONDITION AND PROCEDURE: My medical provider has discussed my medical condition with me, as well as the procedure identified above. I understand what is involved in this procedure, including that I may need to receive anesthesia, sedation, or both. Risks and side effects associated with anesthesia or sedation will be discussed with me and I may be asked to sign a separate consent regarding anesthesia or sedation prior to my procedure. I also understand that I have the right to refuse this procedure.

RISKS: I understand that all medical procedures involve risks, which may range from minor discomfort to allergic reactions, bleeding, blood clots, heart attack, infection, injury to surrounding areas, nerve injury, respiratory failure, kidney failure, severe blood loss and stroke. My medical provider has discussed with me specific known risks associated with this medical procedure. If any of these risks occur, their treatment may require additional procedures. These risks can be serious and possibly fatal. I understand and freely assume these risks.

Additional Risks (if any): _____

ALTERNATIVES: My medical provider has explained to me the alternatives to this procedure, including the risks and benefits of these alternatives. Examples of alternatives include monitoring or no treatment, which may have serious consequences.

Additional Alternatives (if any): _____

BENEFITS: My medical provider has discussed with me the possible benefits associated with this procedure. I understand that there is no certainty that I will achieve these benefits. No guarantees have been made to me regarding the outcome of this procedure.

Benefits of the Procedure May Include: _____

After being informed of the risks, benefits, and alternatives to the procedure identified above, I choose to have the procedure.

CARE TEAM: I authorize my medical provider identified above to perform this procedure. I understand that he or she will be assisted by a care team that may include: anesthesia providers, nurses, technicians, and medical device specialists. This team may also include other attending surgeons,



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residents, fellows, medical students and advanced practice professionals. I authorize such individuals to perform portions of the operation or procedure that is within their scope of practice and under the direction of the medical provider identified above.

Blood or Blood Product Administration

Check here if blood administration is not anticipated for this procedure

It has been explained to me that I need or may need blood or blood product transfusion(s). I understand in general, what a transfusion is and the procedures that will be used. I understand that my provider will decide the amount and type of blood product needed based on my particular needs.

BENEFITS: Blood and blood products are therapeutic agents derived from human blood that support blood oxygen carrying capacity, fight infection, prevent shock and stop bleeding. Transfusions may be needed to replace blood lost by injury, to replace abnormal blood, or to raise the blood count when the body is not able to produce enough blood cells on its own.

RISKS: I understand that there is a small but definite risk of potentially serious infectious disease transmission and/or other reactions. The diseases include, but are not limited to, hepatitis, acquired immune deficiency syndrome (AIDS), and West Nile Virus. Other adverse reactions may include, but are not limited to, the symptoms of fever, chills, hives, or in more severe reactions, the possible destruction of the transferred red cells, immunization, bacterial infections and rarely, death.

ALTERNATIVES: There is no effective alternative to blood or blood transfusion(s). If no blood or blood product is given, the problem that it was intended to treat may persist and potentially result in death. In the case of elective transfusion, alternatives to receiving blood from the community blood supply include the pre-donation of one's own blood (autologous blood donation). Autologous donations must be collected several days to weeks prior to use and directed donations require several days to process.

I **DO** consent to the administration of any and all blood and/or blood products as ordered by my provider.

I **DO NOT** consent to the administration of any and all blood and/or blood products as ordered by my provider.

If patient or representative does not consent to any and all blood or blood product administration, complete Informed Refusal of Blood Products & Blood Fractions--SAHS1096

By my signature below, I confirm that: (i) my medical provider has explained the above information to me, answered all of my questions, and provided a more detailed explanation if I requested it; (ii) I understand the above information; (iii) I consent to my medical provider performing the procedure identified above; and (iv) if indicated above, I consent to the administration of any and all blood and/or blood products as ordered by my medical provider.

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I understand that unforeseen conditions may arise during the procedure, which, in the judgment of my medical provider, may require additional or different procedures and/or treatments. In such event, I hereby authorize my medical provider to do whatever he or she, in his or her professional medical judgment, considers medically to be in my best interest. I further understand and agree that this document is in addition to, and not in replacement of, my *Consent for Medical Care and Patient Services Agreement* and any other consent that I execute.

Signature of Patient **Date** **Time**

The patient is unable to sign because _____

For this reason, I give consent to the procedure and blood/blood product administration (if indicated above) on behalf of the above-named patient.

Signature of Patient's Representative **Relationship to Patient** **Date** **Time**

Interpreter Services:

___ Telephonic interpreter ___ Video-remote interpreter ___ In-person interpreter

Interpreter's Name **Signature and/or ID#** **Date** **Time**

The signature of the Witness signifies: (i) the Witness confirmed the Patient (or the Patient's Representative, as applicable) has no further questions for the medical provider; and (ii) the Witness either observed the Patient/Patient Representative execute this form or verbally confirmed with Patient/Patient Representative that the respective signature on this form is Patient's/Patient Representative's signature.

Witness: _____
Signature **Date** **Time**

By signing this form, the medical provider confirms that, prior to the procedure being performed, he or she has: (i) explained the above procedure information and blood/blood product information (if applicable); (ii) received the Patient's or Patient Representative's informed consent to the procedure; and (iii) if indicated above, received the Patient's or Patient Representative's informed consent to blood/blood product administration; OR

Emergency Consent: Medical provider reasonably concludes there is a substantial likelihood of the Patient's life or health being seriously endangered by a delay in the procedure and the Patient/Patient Representative cannot provide informed consent.

Medical Provider: _____
Signature **Date** **Time**



Notice Informing Individuals About Nondiscrimination, Availability of Language Assistance, Auxiliary Aids, and Accessibility Services

Saint Alphonus Health System understands that we all have different lived experiences, needs, identities, customs, and abilities. We are committed to providing quality, accessible, equitable care and services that are responsive to the needs of the diverse communities served.

Saint Alphonus Health System welcomes all individuals who come to us for care, treatment, and services. We comply with all Federal civil right laws and do not exclude anyone or treat them differently because of their age, race, color, ethnicity (including limited English proficiency and primary language), national origin, religion, culture, language, physical or mental disability, socioeconomic status (including ability to pay or participation in Medicaid, Medicare or Children's Health Insurance Program), sex (including sex at birth or legal sex), sex characteristics (including intersex traits), pregnancy or related conditions, sex stereotypes, sexual orientation, gender identity or expression, veteran status, or any other category protected by law.

As a sponsored ministry of the Catholic Church, we provide healthcare services guided by the moral principles described in the Ethical and Religious Directives for Catholic Healthcare Services published by the U.S. Conference of Catholic Bishops.

Saint Alphonus Health System provides free auxiliary aids and communication services, so that people can communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, accessible electronic formats, other formats)
- Free language assistance services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages.

If you need these services, contact

Language Assistance Services at 208-367-2121

Telecommunications Relay Service (TRS): 7-1-1

Saint Alphonus Health System allows service animals that are trained to do work or perform tasks for the benefit of individuals with a disability.

If you need another type of reasonable modification or accessibility services, please discuss it with your provider or the Section 1557/Americans with Disabilities Act Coordinator:

Language Assistance Services at 208-367-5463

If you believe that Saint Alphonus Health System has failed to provide these services or discriminated in another way, you can file a grievance with:

Patient Relations

1055 N. Curtis Road

Boise Idaho 83706

(208) 367-6226

BO-Patientrelations@saintalphonus.org

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201
800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

[This notice is available at Saint Alphonsus Health System's website:

www.SaintAlphonsus.org]

Notice of Availability of Language Assistance Services

English

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-208-367-2121 (TTY: 7-1-1) or speak to your provider.

Español / Spanish

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-208-367-2121 (TTY: 7-1-1) o hable con su proveedor.

Việt / Vietnamese

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-208-367-2121 (Người khuyết tật: 7-1-1) hoặc trao đổi với người cung cấp dịch vụ của bạn.

中文 / Simplified Chinese

注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-208-367-2121（文本电话：7-1-1）或咨询您的服务提供商。

РУССКИЙ / Russian

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-208-367-2121 (TTY: 7-1-1) или обратитесь к своему поставщику услуг.

한국어 / Korean

주의: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-208-367-2121 (TTY: 7-1-1) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

українська мова / Ukrainian

УВАГА: Якщо ви розмовляєте українська мова, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1-208-367-2121 (TTY: 7-1-1) або зверніться до свого постачальника».

日本語 / Japanese

注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-208-367-2121 (TTY: 7-1-1) までお電話ください。または、ご利用の事業者にご相談ください。

العربية/Arabic

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات أو تحدث إلى مقدم الخدمة (TTY: 7-1-1) يمكن الوصول إليها مجانًا. اتصل على الرقم 1-208-367-2121.

Română/Romanian

ATENȚIE: Dacă vorbiți Română, aveți la dispoziție servicii gratuite de asistență lingvistică. Ajutoarele și serviciile auxiliare adecvate pentru furnizarea de informații în formate accesibile sunt, de asemenea, disponibile gratuit. Apelați 1-208-367-2121 (TTY: 7-1-1) sau consultați cu furnizorul dumneavoastră.

ភាសាខ្មែរ / Khmer

សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយ ភាសាខ្មែរ សេវាកម្មជំនួយភាសាភាគតិចត្រូវតែមានសម្រាប់អ្នក។ ជំនួយ និងសេវាកម្មដែលជាការជួយដ៏សមរម្យ ក្នុងការផ្តល់ព័ត៌មានតាមទម្រង់ដែលអាចចូលប្រើប្រាស់បាន ក៏អាចរកបាន ដោយភាគតិចត្រូវផងដែរ។ ហៅទូរសព្ទទៅ 1-208-367-2121 (TTY: 7-1-1) ឬនិយាយទៅកាន់អ្នកផ្តល់សេវារបស់អ្នក។

Deutsch / German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzenzienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-208-367-2121 (TTY: 7-1-1) an oder sprechen Sie mit Ihrem Provider.

Farsi (Persian) فارسی

توجه: اگر به زبان فارسی صحبت می‌کنید، کمک زبانی رایگان در دسترس شماست. کمک‌ها و خدمات کمی مناسب برای ارائه اطلاعات در قالب‌های قابل دسترس نیز به صورت رایگان موجود هستند. با 1-208-367-2121 (TTY: 7-1-1) تماس بگیرید یا با ارائه‌دهنده خود صحبت کنید.

Français / French

ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-208-367-2121 (TTY: 7-1-1) ou parlez à votre fournisseur.

ไทย / Thai

หมายเหตุ: หากคุณใช้ภาษาไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 1-208-367-2121 (TTY: 7-1-1) หรือปรึกษาผู้ให้บริการของคุณ

नेपाली / Nepali

सावधान: यदि तपाईं नेपाली भाषा बोल्नुहुन्छ भने तपाईंका लागि नि:शुल्क भाषिक सहायता सेवाहरू उपलब्ध छन्। पहुँचयोग्य ढाँचाहरूमा जानकारी प्रदान गर्न उपयुक्त सहायता र सेवाहरू पनि नि:शुल्क उपलब्ध छन्। 1-208-367-2121 (TTY: 7-1-1) मा फोन गर्नुहोस् वा आफ्नो प्रदायकसँग कुरा गर्नुहोस्।

Tagalog

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-208-367-2121 (TTY: 7-1-1) o makipag-usap sa iyong provider.

Kiswahili/Swahili (Bantu)

TAHADHARI: Ikiwa unazungumza Kiswahili, huduma za usaidizi za lugha bila malipo zinapatikana kwako. Usaidizi na huduma zinazofaa za kutoa taarifa katika miundo inayofikika zinapatikana pia bila malipo. Piga simu kwa 1-208-367-2121 (TTY: 7-1-1) au uzungumze na mtoa huduma wako.

Српски/Serbian

ПАЖЊА: Ако говорите Српски, обезбеђена вам је преводилачка услуга. Додатна одговарајућа помоћ и услуге за пружање информација у доступним форматима такође су доступни без надокнаде. Назовите 1-208-367-2121 (TTY: 7-1-1) или разговарајте са вашим пружаоцем услуга.

Soomaali / Somali

FIIRO GAAR AH: Haddaad ku hadasho Soomaali, adeegyo kaalmada luuqadda ah oo bilaash ah ayaad heli kartaa. Qalab caawinaad iyo adeegyo oo habboon si loogu bixiyo macluumaadka qaabab la adeegsan karo ayaa sidoo kale bilaa lacag heli karaa. Wac 1-208-367-2121 (TTY: 7-1-1) ama la hadal bixiyahaaga.

ထာန့်လီဖဲအံၤ / Karen

ဆူ- နမ့ၢ်ကတီၤ ထာန့်လီဖဲအံၤ အယိ, တၢ်အိၣ်ဒီး ကျိၣ်တၢ်ဆိၣ်ထွဲမၤစၢၤ လၢတလၢ် ဘျုၣ်လၢ်စ့ၤလၢနဂီၢ်လီၤ. တၢ်အိၣ်ဒီး တၢ်မၤစၢၤတၢ်န့ၢ်ဟ့ၣ်ပီးလီၤဒီး တၢ်မၤစၢၤတၢ်မၤ လၢအ ကြးအဘၣ် လၢကဟ့ၣ်တၢ်ဂ့ၢ်တၢ်ကျိၤ လၢတၢ်မၤန့ၢ်အိၤသ့တဖၣ် လၢတလၢ်ဘျုၣ်လၢ်စ့ၤ လၢနဂီၢ်လီၤ. ကိး 1-208-367-2121 (TTY: 7-1-1) မ့တမ့ၢ် ကတီၤတၢ်ဒီး နပှၤလၢဟ့ၣ် နၤတၢ်ကွၢ်ထွဲမၤစၢၤတက့ၢ်.

မြန်မာ / Burmese

သတိပြုရန်- သင်က မြန်မာဘာသာစကား ပြောဆိုပါက၊ အခမဲ့ ဘာသာစကားအကူအညီ ဝန်ဆောင်မှုများကို ရရှိနိုင်ပါသည်။ အသုံးပြုနိုင်သော ဖော်မတ်များဖြင့် အချက်အလက်များ ဖော်ပြပေးရန် သင့်လျော်သော အရန်အကူအညီများနှင့် ဝန်ဆောင်မှုများကိုလည်း အခမဲ့ ရရှိနိုင်ပါသည်။ 1-208-367-2121 (TTY: 7-1-1) သို့ဖုန်းခေါ်ပါ သို့မဟုတ် သင်၏ ဆောင်ရွက်ပေးသူနှင့် စကားပြောပါ။