

## CONSENT TO CARE AND PERSONAL INFORMATION

**Please read the below very carefully and initial after each. Failure to consent may result in your procedure being cancelled or postponed.**

I have read and accept the risks and complications that are associated with having this procedure\_\_\_\_\_.

I understand that there may be occasions when the expected outcomes of the procedure are not always achieved \_\_\_\_\_.

I can confirm that I have been given adequate discharge instructions for my post-operative care and I will adhere to them \_\_\_\_\_.

I have provided Brisbane Day Hospital with an honest medical history and understand that I am responsible for any undesirable outcomes that may arise due to me not disclosing specific medical history \_\_\_\_\_.

I have been made aware of the alternatives to my requested procedure \_\_\_\_\_.

I understand that Brisbane Day Hospital will not be responsible for any injuries and/or damages that I may cause or sustain in the event that I ignore, overlook, or not accept the advice, cautions, or warnings that have been given to me \_\_\_\_\_.

I understand that my blood may be taken for pathology in the event of a sharps injury by nursing staff or the anaesthetist \_\_\_\_\_.

I understand that Brisbane Day Hospital may send off tissue samples for histological examination \_\_\_\_\_.

I am aware that Brisbane Day Hospital is not responsible for any valuables, including cash, that I bring to the facility \_\_\_\_\_.

I agree to the administering of medications, anaesthetic, and other forms of treatment associated with having my procedure as is deemed necessary by the operating doctor, anaesthetist, and nursing staff \_\_\_\_\_.

I understand that for my own, and other people's safety, it is illegal to drive for 24 hours following anaesthetic. I have arranged for a responsible person over the age of 18 to pick me up from this facility after my procedure \_\_\_\_\_.

I am aware that if my escort fails to pick me up on time, I will be charged an hourly fee of \$100 until they arrive \_\_\_\_\_.

I have a responsible person over the age of 18 who will be supervising me for the first 24 hours following my procedure (if having anaesthetic) \_\_\_\_\_.

I understand that I cannot catch a taxi after my procedure unless I have a responsible person over the age of 18 accompanying me. I understand that I cannot catch public transport home at all (if having anaesthetic) \_\_\_\_\_.

I am aware that if I fail to produce an escort after my procedure, I will be transferred to a public hospital for the next 24 hours or until I can be picked up, and will be responsible for the transfer fee \_\_\_\_\_.

## CONSENT TO CARE AND PERSONAL INFORMATION CONTINUED

I will stay at Brisbane Day Hospital until the nurses and/or doctors deem me medically able to leave. I understand the failing to comply with the facility's instructions may result in undesirable outcomes \_\_\_\_\_.

If I brought a referral, I understand that Brisbane Day Hospital will send a letter to my GP/Specialist which will outline the details of my procedure and any pathology results \_\_\_\_\_.

I am aware that the pathology provider used during my course of treatment may send billing information to my home address \_\_\_\_\_.

I understand that I am responsible to contact Brisbane Day Hospital for any pathology results \_\_\_\_\_.

I give permission for any **abnormal** pathology result where the nursing staff are unable to contact me, to be referred to my nominated GP/specialist/surgeon, and a registered letter sent to my address with the result \_\_\_\_\_.

I will contact my surgeon's rooms, an after-hours GP, or the nurses hotline for my afterhours care/advice as Brisbane Day Hospital is only open between 8am and 4pm, Monday to Friday \_\_\_\_\_.

I am aware that my personal details and procedure information are given to Queensland Health in an unidentified format for government data collection, and that this is a legal requirement \_\_\_\_\_.

I understand that if using my private health, Brisbane Day Hospital will disclose the nature of my procedure to the health fund, and that the procedure details will appear on my health fund account \_\_\_\_\_.

I understand that if using Medicare, Brisbane Day Hospital will disclose the nature of my procedure to Medicare, and that the procedure details will appear on my MyGov account \_\_\_\_\_.

I understand that my next of kin will be notified of my procedure and any subsequent outcomes when I am **not** able to provide such consent \_\_\_\_\_.

If I have a notifiable disease (Chlamydia, HIV, Hepatitis A, etc.), or discover that I have a notifiable disease upon my treatment here at the facility, I understand that Brisbane Day Hospital must notify the National Notifiable Diseases Surveillance System of your details, as is the required by the law \_\_\_\_\_.

I understand that in the case of an emergency, I may need to be transferred to another medical facility for medical treatment \_\_\_\_\_.

I consent to Brisbane Day Hospital providing my operation notes to my surgeon and their rooms for aftercare purposes \_\_\_\_\_.

### I have read and understand the above statements:

Name		Initials	
Signature		Date	