



Minnesota Informed Consent

Consent form for surgery or invasive procedure

1. I, [print patient's name]: _____
 - a. Agree that I will have [include both the medical term and patient words]: _____

 - b. At [name of facility]: _____
 - c. The reason for this procedure is [medical condition]: _____
 - d. This will be done or supervised by: _____

2. I have talked to my doctor or health care team about:
 - a. What the procedure is and what will happen.
 - b. How it may help me (the benefits).
 - c. How it might harm me (the most likely and most serious risks).
 - d. The long-term effects the procedure might have.
 - e. My other choices for treatment. The risks and benefits of those choices.
 - f. What will likely happen if I say "no" to this procedure.
 - g. How I might feel right after and how quickly I can expect to recover.
 - h. What medicines will be used to manage pain or sedate me.

3. I agree that: (If I do not agree with a statement, I have crossed it out and initialed next to it.)
 - a. I will ask questions.
 - b. No one has promised me definite results.
 - c. If it is best for me, my doctor may change the plan if they find other serious problems during the procedure.
 - d. Students and others may watch the procedure. This must be approved by this facility.
 - e. Pictures or video may be taken. They may be used for medical or educational reasons only.
 - f. Tissues or items removed from my body may be tested. They will be disposed of with respect. Unless I agree, tissues will not be used for research or sold.
 - g. If a staff person is exposed to my blood or body fluids, my blood will be drawn and tested for HIV and hepatitis. The test results will go:
 - In my medical record;
 - To the Employee Health Services Department and/or Infection Control at this facility; and
 - To Minnesota health officials.

