



Bermuda Hospitals Board

BHB General Consent Form Frequently asked questions

1) What is the general consent form?

The General Consent form is in effect a permission slip from the patient to Bermuda Hospitals Board granting permission to perform medical service. This may include but is not limited to: giving medications, assessments, examinations and other non-invasive procedures considered routine in providing patient care.

2) Why do I have to sign it?

Signing the form grants BHB staff permission to provide medical service to you.

3) If there's an emergency and I cannot sign it, will I be denied care?

No, in a medical emergency where you are unable to sign patient consent is presumed to exist for medical treatment that addresses the emergency.

4) Does signing give medical staff permission to do anything they want to me?

*No, BHB staff will clearly explain the service they recommend before asking you to consent to it. You can ask questions **and you can withdraw your consent at any time.***

5) What do I do if I'm not satisfied with the care I received?

If you are unsatisfied with any care or service you received at Bermuda Hospitals Board, please ask to speak with the manager in that area or contact our Quality & Risk Management Department by emailing our patient advocate patientadvocate@bhb.bm or calling 236-2345.

6) Is the form easy to understand?

The form is straightforward and easy to understand. Your BHB healthcare provider can explain any area you need clarified.

7) What happens if I agree to some but not all of the recommendations?

BHB will abide by your wishes. Your BHB healthcare provider will only provide services and/or treatment you have agreed to.

8) What if I sign the General Consent form and later change my mind?

You should alert your BHB healthcare provider as soon as you change your mind, an explanation on the impact of ceasing treatment will be given, and the treatment/service will stop if it is safe to do so. You will also have to sign a form that you stopped treatment against medical advice.

9) What happens if I do not sign it?

You are under no obligation to sign the general consent form. If you choose not to sign it that indicates that you do not want BHB staff to provide medical service to you. BHB will abide by your decision.

10) Do I have to sign for every single procedure or service?

General consent is for routine medical care. A single form will cover all non-invasive services and treatment for continuous care of your condition not exceeding one year. After a year another consent form will be required.

11) Will I get a copy of what I've signed?

Yes, you will get a copy of the document you have signed.

12) Can I discuss the recommendations with family before signing?

Yes, but do note that BHB will not provide medical treatment until the form is signed.

13) Will I ever have to sign it again?

If your treatment is longer than a year or if you require treatment for a new condition, you will have to sign another General Consent form.

14) How long does this consent form last once I have signed it?

The consent form is valid for:

In the case of inpatients - one admission

In the case of outpatients - uninterrupted services for a condition for a period not exceeding a year.

After a year another consent form will be required.

15) Can a family member sign on my behalf if I am not able?

A family member can sign for you if they have your consent to do so.

16) Where does it go once I've signed it?

Your General Consent form is a part of your medical record and is kept in your file by our Health Information Management System

17) Does this apply to overseas care as well?

The BHB General Consent form relates only to care provided by BHB healthcare professionals. Other facilities will have their own forms and requirements.

18) Who can consent on behalf of a minor?

Any parent or legal guardian can consent to medical treatment on behalf of a minor. For the purposes of the Minors Act 1950, a minor is a person who has not yet reached the age of 18 years.

CONSENT FOR EXAMINATION OR TREATMENT

Signature of Patient/Legal Guardian

Date (dd/mmm/yyyy)

Name of Witness (PRINT NAME)

Signature of Witness

REFUSAL OF EXAMINATION OR TREATMENT

I refuse the following examination or treatment(s): _____

This examination or treatment has been recommended by _____

I acknowledge that I have been informed of the risks or consequences, which can result from refusal of this examination or treatment, which has been recommended.

Signature of Patient/Legal Guardian

Date (dd/mmm/yyyy)

Name of Witness (PRINT NAME)

Signature of Witness

DEPARTURE WITHOUT AUTHORIZATION

I declare that I am leaving this hospital (with my dependent) and I am doing this of my own free will and initiative and against the advice of the treating physician(s). I have been advised of the possible risks and consequences.

Signature of Patient/Legal Guardian

Date (dd/mmm/yyyy)

Name of Witness (PRINT NAME)

Signature of Witness