

BHB General Consent Form Frequently asked questions

1) What is the general consent form?

for medical treatment that addresses the emergency.

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

- 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 patient-advocate@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.



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SURNAME MAIDEN NAME FIRST NAME D.O.B			
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CD Code			

GENERAL CONSENT

□ KEMH

GENERAL CONSENT FORM

I understand that I have the right to participate in decisions about my medical care. I have been informed of my rights and responsibilities when I receive services at Bermuda Hospitals Board facilities

I understand that care in Bermuda Hospitals Board (BHB) hospitals is provided by a multidisciplinary team of doctors, nurses, and other health care professionals. Understanding this team structure, I consent to be treated by the assigned members of the care team. I also authorize other health care professionals to carry out necessary examinations, assessments and/or treatments; these include but are not limited to: Physio and Occupational Therapists, Social Workers, Pharmacists, and Dietitians.

I authorize the hospital and the treating physicians, personnel or consultants involved in my care to have access to my medical records. I further authorize that information from my medical record may be given to physicians in hospitals outside Bermuda who may be consulted about my care and treatment. I understand that there is a separate policy governing the release of psychiatric medical records.

I authorize the health professionals involved in my care and the Bermuda Hospitals Board to release my medical information as needed to:

- a. the insurance company or other reimbursement agencies in order to process this claim;
- b. the Department of Health, other government departments, as may be required by law (for example the reporting of communicable diseases,) or to arrange for services I (or my dependent) may benefit from after discharge.

I authorize the hospital to send a summary of this hospitalization and any other release of medical information to my GP and/or referring doctor(s). I am aware that any additional request for the release of my medical record must be processed through the Health Information Management Service.

I understand that members of the health care team will verify my identity by asking my name and date of birth before a treatment or service. When required, the patient identification band placed on my wrist or ankle contains unique identifiers that hospital staff use in verifying that I receive the medications, investigations and treatments specifically ordered for me. I/my dependent have the responsibility to wear the patient identification band at all times. Should it come off, I must immediately inform a health care professional.

I understand that I should not bring valuables to the hospital, as the Bermuda Hospitals Board is not responsible for the loss, destruction or theft of personal property which includes but is not limited to: Glasses, dentures, hearing aids, electronic devices, jewelry and any other personal items.

I understand that I have the right to withdraw this consent at any time.

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 recommende	d by
I acknowledge that I have been informed of the risks o examination or treatment, which has been recommen	
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 deper against the advice of the treating physician(s). I have b	ndent) and I am doing this of my own free will and initiative and 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