

PATHOLOGY, PHOTO, BLOOD TEST, VIDEO-TAPING, VIEWING

Initials _____

I, the undersigned, do hereby authorize and direct the facility and/or the pathologist to care for or otherwise dispose of any tissue. I give my consent to photographing or video-taping as deemed necessary by my surgeon. I understand these photographs are the property of the Center and will be held at the same confidential level as other parts of my medical record.

On the rare occasion that an employee or physician is accidentally exposed to my blood and/or body fluids, I understand that additional blood testing will be necessary to assure that appropriate treatment can be rendered to the healthcare worker if needed. I consent to the withdrawal of a blood sample for (included but not limited to) HIV (AIDS) and the hepatitis B antibodies. Also, I understand that this is being done on the order of my physician and the results will be released to him/her. I authorize the release of any appropriate data necessary to process the testing and the insurance claim which this Facility will file. I understand there will be no further cost to me for this blood test.

GENERAL ANESTHESIA INFORMATION/IV SEDATION

Initials _____

I understand that I am not to drive a motor vehicle, operate machinery, consume alcoholic beverages, sign legal documents or take medication other than those prescribed by my doctor for twenty-four (24) hours following administration of general anesthesia. Also, I have been advised it is best to have someone with me for at least twenty-four (24) hours following surgery.

NPO STATUS STATEMENT

Initials _____

I certify that I (my child), as recommended by my physician, have (has) had:

- Nothing to eat or drink, including water, since midnight.
- No alcoholic beverages to drink for 24 hours.
- Nor has there been any change in my physical status such as a cold or infection.

Privacy Officer Contact: 1455 Manor Dr., Baytown, TX Telephone: 281-837-7600, Fax: 281-837-7601

PATIENT/LEGAL GUARDIAN SIGNATURE

DATE

WITNESS SIGNATURE

DATE



Patient Label

REV:04162014
REV:06192014

ACKNOWLEDGEMENT AND AGREEMENT