

**CONSENT FOR PRESENCE OF OBSERVER DURING MEDICAL PROCEDURE**

**OBSERVER OF MEDICAL PROCEDURE**

I, the Observer, understand that during the medical procedure named below (page 2), the involved physicians and hospital staff must devote their full attention to the patient. I therefore agree to:

- A. Bring to the attention of the attending physician and the hospital nursing staff any medical problems I have which could interfere with the care of the patient. Such problems might include but are not limited to:
  - Lapse of consciousness problems, such as fainting, epilepsy, narcolepsy, etc.
  - Heart problems
  - Convulsions
  - Diabetes
  - Claustrophobia
  - Weak stomach
  - Cough, flu, cold
  - Communicable diseases
- B. Conform to all UCSF Medical Center rules and regulations.
- C. Comply with all orders and directions of the physicians and hospital or other UCSF personnel.
- D. Leave the area immediately if considered necessary by the physicians or hospital personnel.
- E. Maintain strict confidentiality regarding all patient care information.

I have been instructed by the attending physician concerning routine practices utilized during the procedure named on page 2. I hereby release UCSF Medical Center, their physicians, nursing staff, officers, directors, agents and employees from any liability in the event of my presence during the procedure results in injury to me, the patient or to others.

**OBSERVERS(S) REQUESTING PATIENT CONSENT TO OBSERVE MEDICAL PROCEDURES**

Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(observer / legal guardian) (Observer / legal guardian)*

Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(observer / legal guardian) (Observer / legal guardian)*

Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(observer / legal guardian) (Observer / legal guardian)*

Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(observer / legal guardian) (Observer / legal guardian)*

Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(observer / legal guardian) (Observer / legal guardian)*

Witness Name(Print): \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CERTIFICATE OF ATTENDING PHYSICIAN**

I am the attending physician of the patient named below. I have conferred with both the patient and the above-named observer(s) and I believe that both understand, and will comply with, UCSF Medical Center policies and procedures regarding the presence of the observer during the subject medical procedure. It is my medical judgment that the presence of the observer during the medical procedure will not compromise the health, safety or welfare of the patient, the observer or others.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(attending physician)*

Print Name: \_\_\_\_\_

**PATIENT AUTHORIZATION**

I, \_\_\_\_\_ hereby provide my consent to the presence of the above  
*(patient name)*

named observers in the UCSF Medical Center \_\_\_\_\_ during my  
*(department name)*

\_\_\_\_\_ on \_\_\_\_\_.  
*(name of medical procedure) (date)*

I understand my participation is voluntary and that I am not required to sign this consent from in order to receive treatment, for payment of my care or for my enrollment in a health plan or eligibility for benefits. I may revoke this consent at any time before or during the procedure.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(patient or legal representative)*

Print Name: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_