

CONSENT FOR PRESENCE OF OBSERVER DURING NURSING CARE

OBSERVER OF NURSING CARE

I, the Observer, understand that during the nursing care of the patient below, 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 RN concerning routine practices utilized during the nursing care for the patient named on page 2. I hereby release UCSF Medical Center, their physicians, nursing staff, officers, directors, agents, students, patients, and employees from all liability of whatsoever nature in the event I am injured (or die) while on UCSF property. I also agree to fully indemnify UCSF for all liability and expenses if my negligence or willful misconduct results in injury to others.

OBSERVER REQUESTING PATIENT CONSENT TO OBSERVE NURSING CARE

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

Witness Name(Print): _____

Witness Signature: _____ Date: _____

CERTIFICATE OF REGISTERED NURSE

I am the Registered Nurse for the patient named below on this day. I have conferred with both the patient and the above-named observer and I believe that both understand, and will comply with, UCSF Medical Center policies and procedures regarding the presence of the observer during nursing care. It is my nursing judgment that the presence of the observer during nursing care will not compromise the health, safety or welfare of the patient, the observer or others.

Signature: _____ Date: _____
(RN)

Print Name: _____

PATIENT AUTHORIZATION

I, _____ hereby provide my consent to the presence of the above
(patient name)

named observer in the UCSF Medical Center _____ during my
(department name)

nursing care on _____.
(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 nursing care.

Signature: _____ Date: _____
(patient or legal representative)

Print Name: _____

Witness: _____ Date: _____