

UNIT NUMBER	
PT. NAME	
BIRTHDATE	
LOCATION	DATE

CONSENT FOR PRESENCE OF OBSERVER DURING MEDICAL PROCEDURE AND NURSING CARE

OBSERVER OF MEDICAL PROCEDURE / NURSING CARE

I, the Observer, understand that during the medical procedure/ nursing care 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/ RN concerning routine practices utilized during the procedure/ nursing care 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 AND NURSING CARE

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

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CERTIFICATE OF ATTENDING PHYSICIAN OR REGISTERED NURSE

I am the attending physician/ registered nurse 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 medical procedure/nursing care. It is my medical judgment that the presence of the observer during the medical procedure/nursing care will not compromise the health, safety or welfare of the patient, the observer or others.

Signature: _____ Date: _____
(attending physician / RN)

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 or write in nursing care) *(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/ nursing care.

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

Print Name: _____

Witness: _____ Date: _____