



## General Informed Consent

Patient's name:  
 .....

Place of birth, date of birth (year, month, day):  
 .....

Social security number:  

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Person entitled to give consent<sup>1</sup> .....

his/her precise legal status/indication that an authorisation has been attached:.....

In a personal meeting, my practitioner, Dr ..... has informed me in detail and in a personalised manner of:

- a) my state of health, including a doctor's opinion of my state of health,
- b) the proposed examinations and interventions,
- c) the possible risks and benefits of carrying out or not carrying out the proposed examinations and interventions,
- d) the planned dates when the examinations and interventions would be carried out,
- e) my right to make a decision concerning the proposed examinations and interventions,
- f) possible alternative procedures and methods,
- g) the treatment process and the expected results,
- h) further treatments and
- i) the recommended regimen.

I have understood and acknowledged the oral information and the written information given in leaflet number<sup>2</sup> ..... related to this informed consent.

I have understood the explanations and I have received satisfactory responses to my questions concerning the explanations. Taking into account the circumstances, I had sufficient amount of time to freely decide which therapy I would choose.

My practitioner will provide adequate information on my condition and its changes on a continuous basis. I acknowledge that both during this meeting for providing information and afterwards I have the right to ask further questions.

### As a result of this meeting for providing information

<sup>1</sup> **Person entitled to give consent:**

- a person of legal capacity named by a patient of legal capacity in a public document or private document of probative force (Section 16(1)(a) of the Healthcare Act)
- if the patient lacks capacity, according to the order laid down in the Act: a spouse, registered partner, child, sibling of legal capacity living in a common household with the patient, in the absence of such, a child, parent, sibling, grandparent, grandchild of legal capacity not living in a common household with the patient (Section 16(2) of the Healthcare Act).

<sup>2</sup> In case a written leaflet was provided, please indicate the identification number of the leaflet.

1. I have learned the names, qualifications and positions of the persons directly involved in my treatment.
2. I am familiar with the rules and regulations of the healthcare institution and I will cooperate with the employees of the healthcare institution to respect its provisions. I was informed of my right to contacts with my relative, thus I am aware of such right.  
I will comply with the doctor’s prescriptions during my treatment, in particular the prescriptions concerning my hospital diet and I will take my previous medications only after having previously informed my doctor and on his/her orders.
3. I was also advised that I have the right to refuse the treatment and to request another procedure instead. I acknowledge that because I may make such decision of my free will, my examining doctor/practitioner will not bear any responsibility for any damage arising from such decision as he/she has provided adequate information concerning consequences and I also acknowledge that my decision may make determining a precise diagnosis or my cure more difficult. If in case the treatment is not carried out serious or permanent damage to my health is expected to occur, I may refuse the treatment only in a public document (attested by a notary public) or a private document of probative force (written and signed in my own hand or typed, signed in my own hand and attested by two witnesses). I cannot refuse treatment if this would endanger others’ health or physical integrity.
4. I was informed that I may inspect the documentation drawn up about me and I may receive a copy of it if I request this in writing subject to payment of a copying fee.
5. By filling in the relevant declaration, I have the right to indicate the person/persons who may be informed of my condition by my practitioner or to indicate the person/persons who should not be informed of my condition and treatment.
6. I may leave the healthcare institution at any time, but I have to indicate such intent in advance in a written declaration addressed to my practitioner before I leave. If I leave the healthcare institution without notification, I will bear responsibility for this.
7. I was also informed that I may lodge a complaint regarding my healthcare treatment with the head of the institution; a patients’ rights advocate will provide assistance in finding out about my rights and in enforcing them – I may learn the name and contact details of the patients’ rights advocate from a posted bulletin.
8. I was informed that the Albert Szent-Györgyi Health Centre of the University of Szeged is the healthcare network’s institution designated for training healthcare professionals and for this reason doctors, medical students, healthcare workers, students of healthcare colleges, healthcare vocational schools or healthcare vocational secondary schools may be present during my treatment for the purpose of training healthcare professionals.
9. ***I consent/I do not consent*** (underline as appropriate) to my name and month of birth being indicated on my patient identification wristband.
10. I was informed that with respect to the given intervention I have the option to withdraw this general consent (in a statement written and signed in my own hand or typed, signed in my own hand and attested by two witnesses, addressed to the practitioner). I have understood that in case I withdraw my consent **without good cause** I may be obliged to compensate the justified costs incurred as a consequence.

Szeged, .....

the patient’s signature	signature of the person entitled to give consent	the doctor’s signature Place of stamp
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