Guidelines for Patient Consent

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Health Policies and Standards Department

Health Regulation Sector (2024)

INTRODUCTION

Health Regulation Sector (HRS) forms an integral part of Dubai Health Authority (DHA) and is mandated DHA Law No. (14) of the year (2021) amending some clauses of law No. (6) of 2018 pertaining to the Dubai Health Authority (DHA), to undertake several functions including but not limited to:

- Developing regulation, policy, standards, guidelines to improve quality and patient safety and promote the growth and development of the health sector;
- Licensure and inspection of health facilities as well as healthcare professionals and ensuring compliance to best practice;
- Managing patient complaints and assuring patient and physician rights are upheld;
- Governing the use of narcotics, controlled and semi-controlled medications;
- Strengthening health tourism and assuring ongoing growth; and
- Assuring management of health informatics, e-health and promoting innovation.

The Guidelines for Patient Consent aims to fulfil the following overarching Dubai Health Sector Strategy (2026):

- Pioneering Human-centered health system to promote trust, safety, quality and care for patients and their families.
- Make Dubai a lighthouse for healthcare governance, integration and regulation.
- Leading global efforts to combat epidemics and infectious diseases and prepare for disasters.

- Pioneering prevention efforts against non-communicable diseases.
- Foster healthcare education, research and innovation.

ACKNOWLEDGMENT

The Health Policy and Standards Department (HPSD) developed this Standard in collaboration with Subject Matter Experts and would like to acknowledge and thank these health professionals for their dedication toward improving quality and safety of healthcare services in the Emirate of Dubai.

Health Regulation Sector

Dubai Health Authority

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EXECUTIVE SUMMARY

Consent before treatment is a legal requirement and is an important part of the discussion and decision-making during the provision of health care services. Physicians, Dentists or any treating healthcare professional e.g. physiotherapist or Traditional Complementary and Alternative Medicine (TCAM) should work in partnership with their patients and discuss with them their condition and treatment options in a way that can be understood by the patient. Physicians and healthcare professionals should always respect the patient's right to make decisions about their care. A number of UAE Federal and DHA Laws, Decrees and Policies govern Informed Consent in Healthcare. This document serves as a guideline for physicians and Allied healthcare professionals to implement the Consent as per DHA Regulation and UAE Laws and sets out best practice for Physicians, Dentists or any treating healthcare professional e.g. physiotherapist or Traditional Complementary and Alternative Medicine (TCAM) to obtain Informed Consent before the following main scenarios:

- Undertaking any examination or investigation
- Providing interventions or treatment
- Telehealth services

The key updates in this document are as follows:

1. Updated definitions of fourth degree relatives.
2. Addition of separate consent for Medical advertisement on social media.

DEFINITIONS/ABBREVIATIONS

Competent refers to every adult person, 18 years and above as presumed to be capable of and competent to give an informed consent, unless there is an evidence to verify incompetence

Consent is a declaration of a person's willingness and choice to undergo a procedure, treatment, investigation or other intervention. Consent is needed as an ethical instrument demonstrating the right of the patient to control his/her health care and the physician's ethical duty to involve the patient in his/her care. Consent evidences voluntary choice of treatment by the competent patient whose treating physician had disclosed all information necessary for the decision-making.

Cooling off period the point from when a patient has a pre-op assessment to the day of surgery.

Electronic signature refers to any letters, numbers, symbols, voice or processing system in electronic form applied to, incorporated in, or logically associated with a data message with the intention of authenticating or approving the same

Emergency shall mean a situation that requires an immediate surgical intervention to preserve the patient's life or prevent major complications.

Healthcare professional shall mean a natural person who is authorized and licensed by the Dubai Health Authority to practice any of healthcare professions in the Emirate.

Healthcare worker shall mean an individual employed by the health facility, (whether directly, by contract with another entity), provide direct or indirect patient care, this includes but not limited, healthcare professionals, medical and nursing students, administrative staff and contract employees who either work at or come to the hospital site

Incompetent patient refers to the patient who either lack the full legal capacity or have the full capacity, but unable to provide an Informed Consent.

Informed Consent refers to an agreement or permission accompanied by full information on the nature, risks and alternatives of a surgical or interventional procedure before the physician begins the procedure/treatment. Accordingly, the patient either consents to or refuses treatment.

Legal guardian shall mean a person appointed by the law to consent in place of an incompetent patient based on UAE federal laws and/ or local regulation, when the patient is unable to provide Informed Consent due to an illness or incompetency.

Medical negligence is substandard care that has been provided by a healthcare professional to a patient, which has directly caused injury or caused an existing condition to get worse. There's a number of ways that medical negligence can happen such as misdiagnosis, incorrect treatment or surgical mistakes.

Minor refers to any person below eighteen (18) years of age

Next of kin refers to a person who is authorized to make decision on behalf of the patient (In case the patient is incompetent). Next of kin may include relatives up to the forth degree. In case relatives up to the forth degree are not available, then relatives available from the same origin of the spouse's side will be considered as a next of kin

Physician shall mean DHA licensed physician.

Dentist are licensed healthcare professionals by DHA fulfilling the Unified Healthcare professional Qualification Requirements (PQR) requirement.

Procedures are surgical interventions, which requires obtaining Informed Consent from the patients or next of kin/ legal guardian, as per UAE federal laws.

Relatives up to the forth degree which includes:

- First degree
    1. Relatives by lineage: Father/Mother/Son/Daughter
    2. Relatives by marriage: Father-in-law/Mother-in-law/Stepson/Stepdaughter
- Second degree
    1. Relatives by lineage:

       Grandfather/Grandmother/Brother/Sister/Grandson/Granddaughter
    2. Relatives by marriage: Grandfather-in-law/Grandmother-in-law/Sister-in-law/Brother-in-law/Child of Stepson/Child of Stepdaughter
- Third degree

1. Relatives by lineage: Great Grandfather/Great Grandmother/Great Granddaughter/Great Grandson/ Uncle and Aunt/Nephew/Niece
2. Relatives by marriage: Great Grandfather-in-law/Great Grandmother-in-law/ Child of Nephew and Niece/Uncle and Aunt of spouse

- Fourth degree

1. Relatives by lineage: The 2nd Great Grandfather and the 2nd Great Grandmother/Child of Nephew and Niece/ Child of Aunt and Uncle (cousin)/Paternal and Maternal Aunt and Uncle.
2. Relatives by marriage: The 2nd Great Grandfather and the 2nd Great Grandmother of spouse/ Grandchild of Nephew and Niece/ Child of Aunt and Uncle of spouse/Paternal and Maternal Aunt and Uncle of spouse.

Note: Relatives by marriage is related to the spouses only, therefore, we cannot say for example, the husbands' father and wives' father related by marriage.

Treatments are those cases of special nature that are defined by the executive council regulation affiliated by the federal law. This include treatments of chemotherapy, radiation therapy and endoscopies.

ABBREVIATIONS

CBD	:	Community Based Physician
DHA	:	Dubai Health Authority

HRS	:	Health Regulation Sector
PQR	:	Professional Qualification Requirements
TCAM	:	Traditional, Complementary and Alternative Medicine
UAE	:	United Arab Emirates

1. BACKGROUND

Dubai Health Authority (DHA) is pleased to present the Guidelines for Informed Consent, which represents a milestone towards fulfilling the DHA strategic objectives to improve quality standards in health facilities. This document provides guidance to health facilities and healthcare professional to ensure that the process of obtaining and documenting consent is managed appropriately, and in line with the United Arab Emirates (UAE) jurisdictional and legislative requirements. Consent is an agreement between healthcare professionals and patients to provide specific treatment. There are three types of consents:

- **Written consent** (Informed Consent) is when, the patient signs the consent to confirm the agreement to a specific procedure/treatment, due to a significant risk.
- **Verbal consent** is where, the patient orally states the agreement to a procedure/treatment, which does not carry a significant risk.
- **Implied consent** is where, the patient indicates their agreement through actions or by cooperating with the healthcare professional instructions. For example, blood tests.

2. SCOPE

2.1. To assure provision of the highest levels of transparency, safety and quality of healthcare services in DHA licensed health facilities.

3. PURPOSE

3.1. To support the adoption of Informed Consent among DHA licensed health facilities with emphasises on the responsibility of healthcare professional's accountability to provide adequate information to patients, in order to make an informed decision and to identify the sequence of priority for obtaining Informed Consent in case the patient is incompetent.

4. APPLICABILITY

4.1. To all DHA licensed health facilities and healthcare professional providing healthcare services in the Emirate of Dubai.

5. **GUIDLELINE ONE:** OBTAINING INFORMED CONSENT

5.1. Different types of written consents should be obtained from the patient based on the type of procedures/treatments which include, but not limited to:

5.1.1. Pre-op Assessment.

5.1.2. Surgical or invasive procedures.

5.1.3. Anaesthesia.

5.1.4. Use of blood and blood products.

5.1.5. Chemotherapy and radiation therapy.

5.1.6. Interventional procedures such as endoscopy, or any other high-risk procedures/treatments.

5.1.7. Use of telehealth services.

5.1.8. Informed Consent in case students are involved in any form of patient care.

5.1.9. Informed consent for dentistry services shall include details about proposed treatment, potential risks and benefits, alternative expected outcomes, and any relevant costs.

5.2. Where elective surgery is undertaken and requires pre-op assessment, consent shall be obtained at pre-op assessment and on the day of surgery. The period between the two consents is considered the cooling off period.

5.3. The health facility should identify a list of procedures/treatments that requires obtaining specific Informed Consent from patients. Refer to **Appendix 1** for an example of procedures/treatments that require a consent.

5.4. A separate written consent shall be obtained and documented from any individual or patient whose Pictures, Images and Videos (PIV) and statements are used in Social Media Advertisement.

5.4.1. For further information refer to the DHA Standards for Medical Advertisement Content on Social Media.

5.5. Ensure that the consent policy is accessible to all relevant healthcare professionals.

5.6. Orient and educate all healthcare professionals and concerned healthcare workers on the consent policy and procedures.

5.7. As per the UAE federal laws and DHA regulations, the health facility shall provide patients with information that will enable them to participate in making informed decision regarding procedures/treatments.

5.8. As per the Federal Decree Law No. (4) Of 2016, Concerning Medical Liability, Article 5, Informed Consent may not be mandatory in the following conditions:

5.8.1. Immediate medical intervention is required, where consent cannot be obtained for any reason whatsoever. However, the clinical circumstances and other relevant reasons for not taking the Informed consent must be recorded.

5.8.2. Where the patient has a contagious disease, which represents a threat to public health and safety.

5.9. However, as for examination, diagnosis and administration of the first dose of medication, consent of incapacitated patient is considered, if the patient's relatives or legal guardian is informed of the plan for such medication.

5.10. The treating Physician/Dentist or any treating healthcare professional e.g. physiotherapist or Traditional, Complementary and Alternative Medicine (TCAM) is responsible for taking the Informed Consent and documenting it.

5.11. Prior to providing Informed Consent, the treating physician should discuss with the patient the proposed procedure/treatment details, including but not limited to:

5.11.1. The patient's condition and diagnosis

5.11.2. The proposed procedures/treatments and aftercare requirements

5.11.3. The status of procedures/treatments (Approved, experiment, etc.)

5.11.4. Potential benefits, side effects and risks

5.11.5. Recovery and expected outcome

5.11.6. Alternative options for the procedures/treatments (when applicable)

5.11.7. The name of the treating physician/team.

5.12. All costs related to the procedures/treatments must be disclosed to the patient prior to the commencement of the procedure.

5.13. The health facility must ensure written consent is document in the patient health records. A copy of the Informed Consent may be issued to the patient.

5.14. Sufficient time shall be given to the patient to read and understand the Informed Consent before commencing the proposed procedure/treatment to make an informed decision.

5.15. If the treating physician is a Community Based Physician (CBD) having a part time license and is privileged to provide specific procedures/treatments in a hospital or a Day Surgical Centre, it is the responsibility of the treating physician to obtain the Informed Consent before commencing with the procedure/treatment. In such cases, a copy of the signed Informed Consent should be communicated and documented in the patient's health record in the health facility providing the procedure/treatment.

5.16. The health facility should make every effort to ensure the understanding of the Informed Consent by patient. The following approaches maybe useful:

5.16.1. Use of diagrams and models for description of the procedure/treatment.

5.16.2. Ask patient to repeat what they have been told to measure their understanding.

5.16.3. If needed, have an interpreter to assist in translation who should also sign the Informed Consent.

5.17. The patient shall be capable of fully understanding the information given to him/her about the procedures/treatments and decide whether or not to proceed with it.

5.18. If the treating physician has determined that the patient is not competent to provide an Informed Consent, it shall be clearly documented in the patient health record.

5.19. The information provided shall be in a non-technical language, which is easily understood by the patient.

5.20. The patient shall be provided with accurate answers in response to questions raised regarding the procedure/treatment.

5.21. The patient reserves the right to refuse treatment.

5.22. If the patient refuses the proposed procedure/treatment, the treating physician shall document the patient refusal and information regarding the consequences of refusal.

6. **GUIDLELINE TWO:** SEQUENCE OF PRIORITY

6.1. A competent adult is presumed to be capable of giving consent, unless proved otherwise.

6.2. Married female may sign her own Informed Consent except procedures/treatments related to reproductive health where the husband (first priority) or the legal guardian's consent is mandatory.

6.3. Informed Consent from next of kin can be taken in the following cases:

6.3.1. Incompetent patient

6.3.2. Minor

6.4. In case the patient is incompetent or unable to give the consent, the priority of obtaining the consent from the next of kin should be from the relatives up to the forth degree, as mentioned below:

6.4.1. If the patient is married female, the husband consent is prior to the father.

6.4.2. The mother can consent for her children in emergency cases when the father is not present.

6.4.3. For minor of divorced parents, the parent who has the custody is the appropriate person to give consent. However, the other parent has the right to receive information regarding the child's medical condition and/or procedure/treatment.

6.4.4. If the patient does not have any relative available in the country, the legal guardian/sponsor can be the next of kin.

6.4.5. For patients who are minors in government homes, the crown prince/sharia court or its delegate is the proper person to give consent if the child is a permanent dependant.

6.5. When a patient is a minor or incompetent, and there is no next of kin to be involved despite of taking all measures to contact a next of kin, then the authorization to be signed by the most responsible physician for the procedures/treatments of the patient and to be witnessed by another healthcare professional.

6.6. In case of immediate life-threatening situations, where the treating doctor is authorized, life-saving interventions may proceed without explicit consent, with due consideration for the urgency and critical nature of the medical circumstances.

7. **GUIDLELINE THREE:** CONTENT OF THE INFORMED CONSENT

7.1. The health facility shall develop a specific Informed Consent form for every procedures/treatment.

7.2. Forms shall be in Arabic and English.

7.3. The completed form becomes part of the patient's health record.

7.4. For elective procedures, Informed Consent should be obtained in a suitable environment with adequate time to discuss details of the procedure.

7.5. If the patient under the influence of analgesics, sedatives or other drugs that may alter his/her ability to understand or make decisions, he/she must be assessed regarding his/her capacity to make a rational decision and to give valid consent, if not the Informed Consent should be obtained from the next of kin.

7.6. If it is established that the patient was not fully alert due to the above reasons during the Informed Consent then the consent may be deemed invalid.

7.7. The patient or next of kin has the right to an explanation of the consent form, the opportunity to read the form or have it verbally explained in a language he/she can comprehend, and to have any relevant questions answered.

7.8. Patients are not liable to pay for any medical negligence, hospital acquired infections, malpractice, duplications in management by the health facility staff. These should be covered by the Health facility's malpractice insurance.

7.9. The content of the Informed Consent should include but not limited to the following and also refer to **Appendix 2**.

7.9.1. Patient full name as per the passport/Emirates ID, age, gender and patient identification number.

7.9.2. Name of the proposed procedure/treatment.

7.9.3. Name, date, time and signature of the treating physician

7.9.4. Name and signature of the witness or interpreter.

7.9.5. Statement that the treating physician shall be discussed with the patient in understandable method the procedure/treatment, expected outcomes, relevant risks, complications, side effects and alternative treatment options.

7.9.6. Statement regarding all procedures/treatments that are not covered by insurance or which may require the patient full payment or co-payment.

7.9.7. X-ray of pregnant or possibly pregnant woman when the use of safety precautions such as lead shields, is not feasible and a risk exists to the pregnancy (i.e. abdominal x-ray).

7.9.8. Photography/Videography of patient's before/during/after procedures/ treatments and the use of these for marketing purposes (if applicable).

7.9.8.1. Separate informed consent taken for photography and not as part of Informed consent for procedures.

8. **GUIDLELINE FIVE:** VALIDITY OF THE CONSENT

8.1. The health facility should identify the validity of the Informed Consent, which should meet the following:

Type of consent	Duration of consent
Informed Consent	• Valid from the time signed by the patient or the next of kin/legal guardian to the time of the procedures/treatments is performed • The validity should not exceed Thirty (30) days from the date of signature, if the patient condition has not changed.
Anaesthesia	

Use of blood and blood products	• Valid per episode of administering or order • Patient who needs multiple transfusions the consent is valid up to one (1) year if there is no change in the patient's condition.
Chemotherapy	Valid for the whole course of treatment, unless there is a change in the plan of treatment due to altered blood chemistry.
Radiation Therapy	
Dialysis	

8.2. A consent is considered as invalid, in the following cases:

8.2.1. Informed Consent is withdrawn by the patient

8.2.2. Reassessment of the patient indicates that the patient's condition/diagnosis has changed

8.2.3. A change or modification is made on the consented procedure/treatment

8.3. If the consent is considered invalid, a new Informed Consent shall be obtained.

9. GUIDELINES SIX: DOCUMENTATION OF THE CONSENT

9.1. The treating physician shall be responsible to ensure that the Informed Consent remains valid from the time of consent to the commencement of the procedure/treatment.

9.2. Informed Consent forms shall be completed and placed in patient health record. The retention period shall be as per the Managing Health Records Policy and DHA Guidelines for managing Health Records.

9.3. The use of abbreviations shall not be permitted when documenting on Informed Consent forms.

9.4. Electronic version of Informed Consent forms is an acceptable method for obtaining the patient's consent.

9.5. If the health facility is using electronic health records, electronic signature is acceptable.

9.6. The content of the electronic Informed Consent forms shall meet the same requirements as that of the manual consent mentioned in this document.

9.7. For storing and retrieving the Informed Consent form, the electronic health system shall maintain records of each entry with identified authentication.

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APPENDICIES

APPENDIX 1: EXAMPLES OF PROCEDURES THAT REQUIRE CONSENT AND NOT LIMITED TO:

No.	Procedure
1.	All interventional cardiac/vascular procedures (diagnostic / therapeutic)
2.	All major and minor surgical procedures (diagnostic / therapeutic)
3.	All procedures under sedation and all types of anaesthesia
4.	All radiological studies requiring contrast
5.	All transfusions of blood and blood products
6.	Amniocentesis
7.	Argon or Yag laser for the eye
8.	Artificial insemination
9.	Bone marrow aspiration/trephine biopsy
10.	Bronchoscopy (diagnostic / therapeutic)
11.	Cardiac catheterization (diagnostic / therapeutic)
12.	Central venous catheterization (permanent / temporary)
13.	Chemotherapy
14.	Contrast echocardiogram
15.	Dacryosintigraphy
16.	Device implantation
17.	Elective cardioversion
18.	Electro-convulsive therapy
19.	Endoscopy and related procedures (diagnostic / therapeutic)
20.	Fluorescein fundus angiography
21.	Foley`s catheter insertion for new born
22.	Induction of labor (IOL)
23.	Insertion of inter-costal drainage tube
24.	Intermittent/continuous renal replacement therapy

25.	Intra uterine contraceptive device insertion/removal
26.	Intra-articular injection
27.	Intra-vertebral injection of medication
28.	Isotope studies
29.	Lumbar puncture/related therapeutic/diagnostic procedures
30.	Manometry and ph metry for upper gastrointestinal tract
31.	Pericardial aspiration
32.	Phototherapy
33.	Plasmapheresis

APPENDIX 2: MINIMUM REQUIREMENTS FOR INFORMED CONSENT FORM

Informed Consent Form For Patients
This Informed Consent Form has two parts: • **Information Sheet (to share information about the treatment with you)** • **Certificate of Consent (for signatures if you agree to go ahead with the treatment)** ***You will be given a copy of the full Informed Consent Form*** **PART I: Information Sheet** **Introduction:** I, Dr. _____ with license No:_____ should be performing the _____treatment/ procedure on Miss/Mrs./Mr._____ Aged _____years, on date _____. **<u>Description of the Procedure and Process</u>** Describe to the patient or customer, the procedure and what will happen on a step-by-step basis. The patient should be informed that procedure is newly introduced and the amount of supporting research and study available. **Side Effects** Potential patients should be told if there are any known or anticipated side effects and what will happen in the event of a side effect or an unexpected event. **Risks** Explain and describe any possible or anticipated risks. Describe the level of care that will be available in the event that harm does occur, who will provide it, and who will pay for it. **Complications** Inform and explain any possible complications that could be caused as a result of the treatment. **Discomforts**

Explain and describe the type and source of any anticipated discomforts that are in addition to the side effects and risks discussed above.

Benefits

Mention only those activities that will be actual benefits of the treatment.

Confidentiality

Explain how the clinical team will maintain the confidentiality of data, especially with respect to the information about the patient including photography and videography.

Right to Refuse treatment/procedure

This is a reconfirmation that the patient has the right to refuse the treatment.

Alternatives to clinical procedure or treatment

It is important to explain and describe the established standard treatment or procedure for the patient's condition.

Financial Implications

All procedures/treatments provided that are not covered by insurance or which may require the patient's full payment or co-payment.

PART II: Certificate of Consent

This section can be written in the first person. It should include a few brief statements about the treatment and be followed by a statement similar to the one in bold below. The healthcare professional performing the treatment and the person going over the informed consent should sign the consent.

Example:

Patient Consent statement

I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions that I have asked have been answered to my satisfaction. I consent voluntarily to undergo tis treatment and understand that I have the

right to withdraw from the procedure or treatment at any time without in any way affecting my medical care.

File No: _____

Name of Patient: _____

Signature of Patient: _____ Date: _____

Witness statement

I have accurately read or witnessed the accurate reading of the consent form to the potential patient, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

Name of witness: _____

Signature of witness: _____ Date: _____

Healthcare Professional Declaration:

I have adequately explained to the patient about the procedure along with risks, adverse effects and the standard alternatives that are available for the procedure. I have permitted time and opportunity for the patient to ask questions and all questions have been answered to my knowledge

Name of healthcare professional: _____

Signature of healthcare professional: _____ Date: _____

Name of Health Facility:

_____

APPENDIX 3: MINIMUM REQUIREMENTS FOR INFORMED CONSENT FORM IN ARABIC

نموذج الموافقة الكتابية للمرضى
يتكون نموذج الموافقة الكتابية من جزئين: **1- المعلومات (يتضمن وصف لخطة العلاج / الاجراء الطبي)** **2- الإقرار والموافقة (للتوقيع من قبل المريض في حال الموافقة على العلاج / الاجراء)** ***<u>ويتم منح المريض نسخة من نموذج الموافقة الكتابية</u>*** **1- معلومات خطة العلاج/ الاجراء:** **المقدمة: -** أقر أنا الطبيب _____ ترخيص مهني رقم: _____ سأقوم بتقديم الرعاية الطبية الاجراء / العلاج ----------للمريض/ المريضة ---------- ---------- والبالغ /ة من العمر ---------- عاماً **والمؤهل للعلاج /للإجراء** وذلك بتاريخ: ----/----/ 2024، ووفق المعلومات ادناه: - • **وصف العلاج / الاجراء** يتم وصف خطة العلاج / الاجراء والتدابير الطبية التي سيتم اتخاذها اثناء الخضوع للعلاج للمريض/ المريضة بشكل مُفصل. كما يجب إبلاغ المريض في حال كان الإجراء/ العلاج المُقدم هو إجراء حديث وتعريفه بالأبحاث والدراسات الداعمة المتاحة. • **الآثار الجانبية** يجب إخبار المرضى بكافة للأثار الجانبية المحتملة والمعروفة التي من الممكن توقعها وكذلك ما يمكن حدوثه في حال ظهور عرض جانبي غير متوقع مع العلاج أو الاجراء • **المخاطر** يتم شرح ووصف أي مخاطر محتملة تقترن مع العلاج/ الإجراء، ويقوم الطبيب بوصف درجة الرعاية التي ستكون متاحة في حالة التعرض لخطر أو ضرر، وكذلك تكلفة العلاج المالية والجانب المسؤول عن الدفع المالي. • **المضاعفات**

يتم الشرح عن أي مضاعفات محتملة يمكن أن تحدث نتيجة للعلاج/ الإجراء.

- **حالات الانزعاج / عدم الارتياح المرتبطة بالعلاج/ الاجراء:**

يتم وصف نوع ومصدر أي إزعاج أو شعور بعدم الراحة متوقع ومقترن بالإجراء بالإضافة إلى الآثار الجانبية والمخاطر التي تمت مناقشتها أعلاه.

- **الفوائد:**

يتم شرح الفوائد الفعلية المتوقعة من العلاج / الاجراء والتي ستكون لها أثر ايجابي على حالة المريض

- **السرية:**

يجب ان يتم الشرح للمريض عن آلية الحفاظ على سرية البيانات وخاصة البيانات الصحية بما في ذلك التصوير الفوتوغرافي والفيديو وغيرها من المعلومات المرتبطة بتفاصيل المريض.

- **الحق في رفض العلاج/الإجراء:**

للمريض الحق في رفض العلاج/ الاجراء بعد الشرح المفصل له.

- **بدائل الإجراء أو العلاج**

للمريض الحق في الحصول على شرح ووصف البدائل المقترحة (في حال وجودها) واختيار انسبها بمشاركة الطبيب المعالج

- **المتطلبات المالية**

يتوجب الشرح وبطريقة مُفصلة وواضحة جميع الإجراءات/العلاجات المقدمة والتي لا يغطيها التأمين الصحي أو التي قد تتطلب الدفع الكامل من قبل المريض أو التي يغطيها التأمين جزئياً (يقوم المريض بالدفع مشاركةً مع التأمين).

2- الإقرار / الموافقة

ي

جب أن يتضمن هذا بعض المعلومات الموجزة عن العلاج وأن يقوم الطبيب المُقدم للرعاية الصحية وكذلك الشخص المتلقي للعلاج بالتوقيع على النموذج من قبل الأطراف المعنية بالتوقيع، على النحو الاتي: -

مثال:

بيان موافقة المريض: أقر أنا الموقع أدناه _____ بأنني قد قرأت كافة المعلومات اعلاه وأنه قد تم اتاحة الفرصة لطرح كافة الاسئلة المتعلقة بحالتي الصحية والعلاج/ الاجراء الذي سأخضع له وقد تم الرد على كافة الاستفسارات بشكل واف وعلى قناعة بأن ما تم تقديمه لي من معلومات كافً وبالشكل المناسب. كما أوافق طوعاً على الخضوع للعلاج/ الاجراء المذكور اعلاه. كما أدرك أنه لدي الحق في الانسحاب في أي وقت من الاوقات من العلاج/ الاجراء دون التأثير بأي شكل من الاشكال على الرعاية الطبية الخاصة بي.

رقم الملف: _____

اسم المريض: _____

توقيع المريض: _____ **التاريخ:** _____

إقرار/ بيان الشهود:

أقر أنا الموقع ادناه _____ بأنني قمت بقراءة وفهم نموذج الموافقة للمريض المحتمل وأنه قد تم اتاحة الفرصة للمريض المذكور بطرح كافة الاسئلة والاستفسارات المرتبطة بالعلاج/ الاجراء وتم الرد عليها بالشكل المناسب وقد قام بالتوقيع بكامل ارادته دون أي تأثير أي طرف من الاطراف.

أسم الشاهد: _____

توقيع الشاهد: _____ **التاريخ:** _____

إقرار الطبيب المعالج: -

أقر انا، الموقع أدناه، بأنني قدمت الشرح الكاف والتفاصيل المقترنة بالعلاج/ الاجراء المقترح لحالة المريض بالإضافة إلى بيان المخاطر والمضاعفات والبدائل المتاحة لهذا الإجراء. كما تم اتاحة الوقت والفرصة للمريض/ المريضة لطرح كافة الاستفسارات والاسئلة المرتبطة بالحالة وتمت الإجابة على جميع الأسئلة وفقاً لنطاق ممارستي المهنية والعلمي

اسم مقدم الرعاية الصحية: _____

توقيع الطبيب مقدم الرعاية الصحية: _____

التاريخ: _____

اسم المنشأة الصحية: _____