HAUMANN
NARKOTISEURS/ANAESTHESIOLOGISTS

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Life Rosepark
Hospital
Fichmedcenter
Gustav Crescent
Fichardpark

Pasiënt / Patient

Voorletters Initials	Van Surname

Rekeningingpligtige / Guarantor

Voorletters Initials	Van Surname

Tel	Epos Email

INFORMED CONSENT FOR ANAESTHESIA

1. *I understand that a qualified Anaesthesiologist (specialist in Anaesthesia) will take responsibility for my peri-operative care.*
2. *I understand that during the procedure, my physical and surgical conditions may alter and require changes in the management of my anaesthesia. This will be done with my safety as first consideration.*
3. *I understand that the transfusion of blood and/or other blood products may be required during the procedure.*
4. *I understand that an incident-free anaesthetic cannot be guaranteed.*
5. *I understand that anaesthetic support staff and equipment are supplied by the hospital and cannot be guaranteed by the anaesthesiologist. Equipment is checked on a daily basis.*
6. *I understand that no guarantee can be given regarding my response to drugs administered during the anaesthetic.*
7. *I understand that receiving anaesthesia will have certain risks. Risks and complications may include, but is not limited to:*

• *General Anaesthesia: Sore throat, hoarseness, injury to airway and teeth, nausea and vomiting, pneumonia and other lung problems, injury to nerves and blood vessels. adverse drug reactions, awareness under anaesthesia, brain damage and loss of life.*

• *Regional anaesthesia and spinal/epidural: As for general anaesthesia as well as low blood pressure, headache, minor pain and discomfort during the procedure, residual weakness and loss of sensation, infection, failed technique and conversion to general anaesthesia.*

Signed by:_____ **Patient signature:**_____ **Date:**_____**at Bloemfontein**

CONTRACT WITH THE ANAESTHESIOLOGIST

1. *I understand that the **anaesthetic account is separate** from the hospital and surgeon accounts.*
2. *I **accept responsibility for the full amount** of the anaesthetic account.*
3. *I understand that all EFT payments must be accompanied by the correct reference number, and that the anaesthesiologist will not be held responsible for any costs associated with payments that could not be allocated due to incorrect reference numbers.*
4. *I declare that the anaesthetic account will not form part of any administrative order that exists on the guarantor's name.*
5. *I declare that all personal information supplied by me is true and correct. (Domicilium citandi et executandi)*
6. *I agree to allow my personal data and health information collected in terms of this consent to be utilized for healthcare of the patient, billing and debt collection,as well as processing of queries,complaints and/or compliments; as required by the POPI Act.*
7. *I agree for my information to be shared with the relevant organizations, as part a legitimate process within the ordinary course and scope of this practice, provided such disclosures is in both parties best interest.*
8. *I understand that my personal information is stored in a secure location and is accessible only to authorized third parties who are certified to be compliant with the POPI Act.*
9. *I accept responsibility for all legal and tracing costs that may be incurred due to non-payment according to attorney and client scales.*
10. *I declare that, in the case that I am not the guarantor, I have the permission of the guarantor to sign this contract.*
11. *I declare that I have read and understood the complete contents of this document and that I accept all terms and conditions as specified in the "Payment Terms "(see reverse page).*
12. *In the event of any claim, complaint or grievance, I shall prior to taking any legal action, initiate a free and confidential mediation process with an accredited independent mediator appointed by the South African Society of Anaesthesiologists (SASA).*

Signed by:_____**Patient signature:** _____**Date:**_____**at Bloemfontein**

Anaesthesiologist:_____**Anaestesiologist signature**_____**Practisce Group:**_____