Riverside Health Clinic

Clinic consent form

Informed consent - the procedure, the risks, and the patient’s agreement, in writing.

Parties

Clinic: _____

Patient: _____

Procedure

Procedure: _____

Date: _____

Clinician: _____

What you are consenting to Describe the procedure in plain language as agreed at the meeting.

Terms The procedure, its purpose and what it involves have been explained to me.

The benefits, risks and alternatives have been discussed, and I have had the chance to ask questions.

I understand I can withdraw my consent at any time before the procedure.

I consent to my information being used for clinical care as described in the clinic’s privacy notice.

This is a general template, not legal advice. Check your local regulations for anything you are unsure about.

Sign-off

Patient: _____ **Clinician:** _____ **Date:** _____