



INFORMED CONSENT FOR WOUND CARE TREATMENT

Patient Name: _____ Date of Birth: _____

Patient hereby voluntarily consents to Wound Care Treatment by any Nurse Practitioner/Physician Assistant at First Coast Wound Care, LLC and their respective staff. Patient understands that this consent form will be valid and remain in effect as long as the patient remains active and receives services and treatments by First Coast Wound Care, LLC. A new consent form will be obtained when a patient is discharged and returns for services and treatments. Patient has the right to give or refuse consent to any proposed service or treatment.

- 1. General Description of Wound Care Treatment:** Patient acknowledges that rendering provider has explained their treatment for wound care, which can include, but not limited to: debridement, dressing changes, biopsies, skin grafts, off loading devices, physical examinations and treatment, diagnostic procedures, laboratory work (such as wound care cultures) request X-rays, recommend hyperbaric oxygen therapy, other imaging studies and administration of medications prescribed by a medical provider. Patient acknowledges that the medical provider has given them the opportunity to ask any questions related to the services or treatments being provided and that the medical provider has answered all questions.
- 2. Benefits of Wound Care Treatment:** Patient acknowledges that physician has explained the benefits of wound care treatment, which include enhanced wound healing and reduced risks of amputation and infection.
- 3. Risks of Side Effects of Wound Care Treatment:** Patient acknowledges that medical provider has explained that wound care treatment can cause side effects and risks including, but not limited to infections, pain and inflammation, bleeding, allergic reaction to topical and injected local anesthetics or skin prep solutions, removal of healthy tissue, delayed healing, or failure to heal, possible scarring and possible damage to blood vessels, surrounding tissues, organs, and nerves.
- 4. Likelihood of achieving goals:** Patient acknowledges that the medical provider has explained by following the proposed treatment plan they are more likely to have optimized treatment outcomes; however, any service or treatment can carry the risk of unsuccessful results, complications, and injuries, from both known and unforeseen causes.

5. **General Description of Wound Debridement:** Patient acknowledges that the medical provider has explained that wound debridement means the removal of unhealthy tissue from a wound to promote healing, during treatment, multiple wound debridement may be necessary.
6. **Risk/Side Effects of Wound Debridement:** Patient acknowledges the medical provider has explained the risks and/or complications of wound debridement include, but are not limited to, potential scarring, possible damage to blood vessels or surrounding areas such as organs and nerves, allergic reactions to topical and injected local anesthetics or skin prep solutions, excessive bleeding, removal of healthy tissue, infections, ongoing pain and inflammation, and failure to heal. Patient specifically acknowledges that the medical provider has explained that bleeding after debridement may cause rapid deterioration of an already compromised patient. Patient specifically acknowledges that the medical provider has explained that drainage of an abscess or debridement of necrotic tissue may result in dissemination of bacteria and bacterial toxins into the bloodstream and thereby cause severe sepsis. Patient specifically acknowledges that the medical provider has explained that debridement will make the wound larger due to removal of necrotic (dead) tissue from the margins of the wound.
7. **Patient Identification and Wound Images:** Patient understands and consents that images (digital, file, etc.) may be taken by First Coast Wound Care, LLC of the patient and all patients wounds with their surrounding anatomic features. The purpose of these images is to monitor the progress of wound treatment and ensure continuity of care. These images may also be used as part of Case Studies and the patient agrees to this use. The patient further agrees that their referring physician or other treating physicians may receive communication, including these images, regarding the patient's treatment plan results. The images are considered protected health information and will be handled in accordance with federal laws regarding the privacy, security, and confidentiality of such information. Patient understands that First Coast Wound Care, LLC will retain ownership rights to these images, but the patient will be allowed access to view them or obtain copies according to state and Federal Law. Patient understands that these images will be stored in a secure manner that will protect privacy and they will be kept for the time required by law. Patient waives any and all rights to royalties or other compensation for these images. Images that identify the patient will only be released and/or used outside First Coast Wound Care, LLC, upon written authorization from the patient or patient's legal representative.
8. **Use and Disclosure of Protected Health Information (PHI):** Patient consents to First Coast Wound Care, LLC use of PHI, results of patient's medical history and physical examination and wound images obtained during the course of patient's wound care treatment and stored in the First Coast Wound Care, LLC wound database for purposes of education, research, quality assessment and improvement of proprietary clinical processes and healing algorithms. Patient's PHI may be disclosed by First Coast Wound Care, LLC to its affiliated companies, and third parties who have executed a Business Associate Agreement. Disclosure of the patient's PHI shall be in compliance with the privacy regulations of the Health Insurance Portability and Accountability Act of 1996(HIPAA). Patient specifically authorize use and disclosure of patient's PHI by First Coast Wound Care, LLC, its affiliates, and business associates for the purposes related to treatment, payment and health care operations. If the patient wishes to request a restriction to how his/her PHI may be used or disclosed, the patient may call First Coast Wound Care, LLC office at (904) 599-6131.
9. **Financial Responsibility:** Patient understands that regardless of his/her assigned insurance benefits, the patient is responsible for any amount not covered by insurance. Patient authorizes medical information about the patient to be released to any payor and their respective agent to determine benefits of the benefits payable for related services.

The patient hereby acknowledges that he/she has read and agrees to the contents of sections 1 through 9 of this document. Patient agrees that his/her medical condition has been explained to him/her by the medical provider. Patient agrees that the risks, benefits and alternatives of care, treatment, and services that the patient will undergo while a patient of First Coast Wound Care, LLC has been discussed with the patient by a medical provider. Patient understands the nature of his/her medical condition, the risks alternatives, read or had it read to him/her and understands the contents herein. The patient has had the opportunity to ask questions of the medical provider and has received answers to all of his/her questions.

By signing below, patient consents to the care, treatment and services described in this document and orally by the medical provider, consents to the creation of images to record his/her wounds and consents to the transfer of health information protected by HIPAA. The medical provider has explained to the patient (or his/her legal representative) the nature of the treatment, reasonable alternatives, benefits, risks, side effects, likelihood of achieving patient goals, complications and consequences which are/or may be associated with the treatment or procedure(s).

___/___/___

Patient Signature/Authorized Representative

Date