

Hyperbaric Medical Services

2107 O'Farrell Street
San Francisco, CA 94115

(Phone) 415-345-1246

(Fax) 415-829-7632

**PATIENT GUIDE TO
WOUND CARE
TREATMENT**

NOTE:

Patient hereby voluntarily consents to wound care treatment by physician, facility and their respective employees, agents, representatives, (hereinafter sometimes collectively referred to as the "practice"). The patient has the right to give or refuse consent to any proposed procedure or treatment at any time before its performance.

This form is to be signed by all wound care patients or their legal representatives. If patient is going to receive hyperbaric oxygen therapy, the patient must also execute the "**Patient Guide to Hyperbaric Oxygen Therapy**" consent form.

1. General Description of Wound Care Treatment:

Wound care treatment may include, but shall not be limited to: debridements, dressing changes, biopsies, skin grafts, off-loading devices, physical examinations and treatment, diagnostic procedures, laboratory work (such as blood, urine and other studies), x-rays, hyperbaric oxygen therapy, other imaging studies and administration of medications prescribed by a physician.

2. Benefits of Wound Care Treatment:

The benefits of wound care treatment include enhanced wound healing and the reduced risks of amputation and infection.



3. Risks/Side Effects of Wound Care Treatment:

Wound care treatment may cause side effects. The risks include, but not be limited to: infection, ongoing pain, inflammation, potential scarring, possible damage to blood vessels, possible damage to surrounding tissues, possible damage to organs, possible damage to nerves, bleeding, allergic reaction to topical and injected local anesthetics or skin prep solutions, removal of healthy tissue, and prolonged healing or failure to heal.

4. Likelihood of achieving goals:

By following the plan of care, the patient is more likely to have a better outcome; however, any procedures/treatments carry the risk of unsuccessful results, complications, and injuries, from both known and unforeseen causes. Therefore, the patient specifically agrees that no representation made to him or her by the practice constitutes a *warranty* or *guarantee* for any result or cure.





5. Alternative to Wound Care Treatment:

The patient may refuse wound care treatment. If the patient refuses wound care treatment, he or she will not gain the potential benefits of treatment. Instead of wound care treatment, patients may continue a course of treatment with his or her physician or forgo any treatment altogether.

6. Risks/Side Effects of Alternative for Wound Care Treatment:

The risks of alternative wound care treatment include prolonged healing or failure to heal, increased potential for infection, and possible amputation.

7. General Description of Wound Debridements:

Wound debridement means the removal of unhealthy tissue from a wound to promote healing. During the course of wound care treatment, multiple wound debridements may be necessary. Our wound care physicians will perform the debridements.

8. Risks/Side Effects of Wound Debridement:

The risks or complications of wound debridement include, but are not limited to potential scarring, possible damage to blood vessels, or surrounding areas, allergic reactions to topical and injected local anesthetics or skin prep solutions, excessive bleeding, infection, ongoing pain and inflammation, and failure to heal.

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. Debridement will make the wound larger due to the removal of necrotic (dead) tissue from the margins of the wound.

9. Patient Identification and Wound Images:

Patient understands and consents that images (digital, film, etc.), may be taken of the patient and all associated wounds with their surrounding anatomic features. The purpose of these images is to monitor the progress of wound treatment and ensure continuity of care. Patient further agrees that their referring physician or other treating physicians may receive communications, including these images, regarding the patient's treatment plan and results. These images are considered protected health information and will be handled in accordance with federal laws regarding the patient privacy, security, and confidentiality of such information. Patient understands that the practice will retain the ownership rights to these images, but that 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 the privacy and that they will be stored appropriately for the period required by law. Patient waives all rights to royalties or other compensation for these images. Images that identify the patient will only be released and used outside the practice upon written authorization from the patient or patient's legal representative.

10. Use and Disclosure of Protected Health Information (PHI):

The patient consents to the practice's use of PHI, results of a patient's medical history, physical examination, and wound images obtained during the patient's wound care treatment and stored in practice EMR. Disclosure of patient's PHI shall comply with the privacy regulations of the **Health Insurance Portability and Accountability Act of 1996 (HIPAA)**. Patient specifically authorizes use and disclosure of patient's PHI by the practice for purposes related to treatment, payment, and healthcare operations. If a patient wishes to request a restriction to how his or her PHI may be used or disclosed, the patient may submit a written request for restriction.

For more information visit our website at:
www.HyperbaricMedicalServices.com

