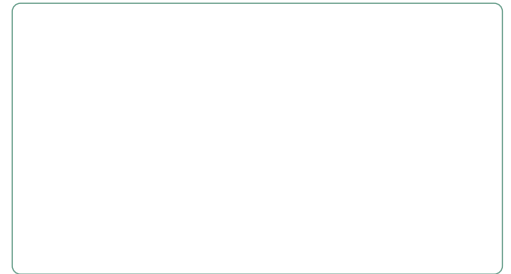




Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive  
South



## CORK UNIVERSITY HOSPITALS GROUP

### ADMISSION OR ATTENDANCE INFORMATION FORM FOR INPATIENTS, OUTPATIENTS OR EMERGENCY PATIENTS

This Form sets out information you need to know about your care in any hospital that is part of the Cork University Hospital Group. These information points are listed below. The points are explained in detail in a booklet for patients. **Please read this information and sign your name on the back of this page to indicate that you have read and understand the information.** If you have any questions, please feel free to ask your doctor or nurse.

#### Routine procedures and lab tests

1. We will carry out routine procedures or tests on you to diagnose and treat your condition. The tests may include laboratory and non-invasive diagnostic imaging tests and examinations. We will use any samples of your blood or body fluids or other body specimens taken during your stay in or visit to the Hospital to diagnose and treat you. We may also keep some of your specimens in case you are treated in the Hospital in the future. We may use the specimens held in the lab for other purposes including clinical audit, quality assurance, education and training, performance assessment of laboratory methods and/or public health monitoring purposes. If we use your specimens for any of these purposes, your name or any information about you will not be revealed to anybody.

Lab specimens also are used for research purposes. You will be given a consent form to complete to say if you agree that your specimens can be used for research.

#### Consent for special situations

2. You will be asked to sign a special consent form if any of the following happens when you are a patient:
- if your doctor recommends that you have surgery, a procedure that involves anaesthetic or a procedure that may have some risk associated with having it
  - if your doctor or another healthcare professional working in the hospital asks you to participate in a research project
  - if a member of staff is injured when using a needle on you or if a staff member comes in direct contact with your blood or body fluids and it is necessary to carry out a test of your blood or body fluid.

You will be given information you need to help you make a decision about any of these special situations.

#### Use of personal health information

3. The staff providing or supporting your care will record medical and other information about your condition and your treatment in Hospital computer systems and in paper records. The staff looking after you need this information to be available during your treatment. Other staff who work in the Hospital may be authorized to use your personal health information for the following purposes:

- auditing or monitoring the quality and safety of your care
- making improvements in the quality and safety of patient care
- collecting statistics about the conditions treated in the Hospital
- discussion about your case in a conference where specialist staff routinely review the quality of care provided to patients.

When Hospital staff use information about you for any of these purposes, they follow procedures approved by the Hospital. Your name or any other personal identifying information about you will not be recorded in a report of any audit, quality improvement project or statistics, without your written consent. Your name or personal information about you will not be used in any case conference in which quality of care is reviewed for evaluation and improvement purposes. As part of their employment contracts, all the staff who work in the Hospital have agreed to follow strict confidentiality policies.

### Family or friends knowledge about your care

4. The doctor who treats you as an outpatient or assesses you on admission will ask you to name the family members or others with whom the doctors, nurses, midwives, therapists or other staff may discuss your condition, treatment or prognosis. Your doctors, nurses, midwives, therapists and other staff will not disclose information about your condition to people you do not name, unless there is an exceptional reason for them to do so.

### Teaching hospital

5. Cork University Hospital Group is a teaching centre and trains doctors, nurses and other healthcare professional staff. Students may provide care for you and have access to reading your record, under supervision as part of their training. Each student treating you will tell you that he or she is a student. Every student who trains in a hospital in the Cork University Hospital Group signs an agreement to keep confidential all information they learn about patients.

### Safekeeping of valuables

6. If you are an inpatient and you are having surgery or a special procedure involving anaesthetic, we will look after any personal health aids you have, such as eyeglasses or dentures, during your procedure. However, we will not be responsible for any of your personal items such as jewellery, clothing, etc. You should make your own arrangements for the safekeeping of your personal items while you are in the Hospital.

### Release of information to insurer

7. Cork University Hospital Group will release to your insurer any information about your care that is needed for the CUH Group to be reimbursed for the treatment and services you receive in any of the Hospitals.

This agreement is valid for two years from the date of signature. If you are readmitted to the Hospital within two years, this agreement will still apply.

**I have had the opportunity to read and understand the information in this form. I have been given the booklet for patients, and I have had the chance to ask questions.**

Patient signature

Date

__	__	__
day	month	year

Parent or guardian signature (if relevant)

Date

__	__	__
day	month	year

Witness name (block capitals)

Witness to signature

Date

__	__	__
day	month	year