SEMMELWEIS UNIVERSITY
Faculty of Medicine
Department of Pulmonology

Head of the Department
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Prof. Dr. Veronika Müller, University Professor, Head of the Department

GENERAL PATIENT INFORMATION AND CONSENT FORM

English Translation

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GENERAL PATIENT INFORMATION AND CONSENT FORM

Patient's name: ……..…..
Patient's date of birth: …….
Patient's place of birth: ……
Patient's TAJ (Health Insurance Number: ……...
Legal representative/parent, guardian, next of relative's name: ……
Admission diagnosis:……..
Proposed examinations: ……
Therapy proposal:……..

I, …….. the undersigned, declare that due to my complaints, regarding my own illness / as the legal representative of my child/ward/next of relative:

1. I hereby request examination, diagnosis, and treatment of my illness. I have received detailed and understandable information about the planned examinations. I've had an option to ask all my questions about my condition diseases and the examinations required.
2. I consent to non-risk or only minimally risk-bearing diagnostic procedures (physical, laboratory, and imaging diagnostic examinations).
3. I have received information that instrument-based and high-risk, complication-frequent examinations, interventions, operations — except life-saving, life-threatening-averting interventions — in every case can only be performed after reading a detailed, written patient information form, verbal information by the treating physician, and based on my signed CONSENT FORM.
4. I acknowledge that during any examination, treatment, there may occur complications that may adversely affect the expected therapeutic outcome and the course of treatment.
5. I acknowledge that, except for interventions deemed life-sustaining or life-threatening by the physician, I have the right to refuse any or all of the proposed treatments, interventions by written declaration. The refusal procedure and the declaration template are available on the website www.semmelweis.hu.
6. In the knowledge of the above, with respect to the newly established or likely diagnosed condition, as well as existing, previously known diseases, I consent to the administration of the medication treatment. I undertake to cooperate with the treating physician and his/her colleagues, and to observe the internal regulations of the healthcare provider. I declare that I have fully informed the treating physician of my current complaints, prior medical history, previous operations, and the medications taken, hypersensitivities (e.g. medication, food, metal).
7. I declare that, to the best of my knowledge, there is no disease of my own, or as legal representative of my child/ward/next of relative, that could endanger the life or physical integrity of others, OR if there is, I am obliged to inform about it at the time of patient admission, and for the failure to do so, the healthcare provider is not responsible.
8. To facilitate effective medical treatment, I consent to the access to and processing of my own, or the child/ward/next of relative represented by me, personal and health data by the Semmelweis University information system and the National Health Insurance Fund Management (EESZT), and that the healthcare providers participating in my care can access each other's data relating to my care.

9. I have received information and I hereby consent that for the purpose of safe identification, the healthcare provider applies a patient wristband, on which my identification data, as well as the indication of the treating Clinic/ward and room is displayed.
10. I have received information that I will receive a discharge summary from the healthcare provider about the examination and treatment as follows, and I can also review the relevant healthcare documentation:

I REQUEST IN PRINTED FORM OR I DO NOT REQUEST IN PRINTED FORM.

11. I acknowledge that at the healthcare provider, the training of healthcare professionals (qualified nurse, medical student, specialist student, healthcare university, secondary school or vocational school student, trainee) also takes place, so during the examination and treatment — under the supervision of a responsible person — the above-mentioned persons may also participate, who are also bound by medical confidentiality.
12. During the examinations and treatment — for educational or scientific purposes — photographs or videos of the observed changes may be taken in a manner that the person(s) shown cannot be identified:

I CONSENT OR I DO NOT CONSENT.

13. During the patient admission procedure, I will present the original documents required for my identification and proof of insured status.
14. I undertake to pay the service fee prescribed by the healthcare provision law according to the co-payment rules, if I am not insured under Hungarian law, or if my insurance relationship is not settled. I will enforce my individual insurance claims against the insurer at my own expense.
15. I declare that on the patient admission form, in accordance with the law on supported decision-making, where applicable, I have provided the name, data, and contact details of the guardian person.
16. I have received information that I can withdraw the declaration made in the point requiring consent in the present document at any time, without justification, in writing.
17. If, against the advice of the treating physician, I leave the healthcare institution, or take away the child/ward/next of relative represented by me, I, or the health of the patient treated, am not responsible for the healthcare provider. I acknowledge that if this endangers others, or the health of those treated by me, I am obliged to notify the relevant authority, and the healthcare provider is obliged to notify the competent authority.
18. I consent that the healthcare provider may contact me later for inclusion in clinical trials, medical scientific research, and that the data necessary for the inquiries will be kept by the healthcare provider until withdrawal.

I CONSENT OR I DO NOT CONSENT.

I, the undersigned, acknowledge that in connection with my medical treatment:

a) about patient rights and obligations,
b) about the processing of personal data,

c) at admission, about the expected course of the examination, and the related medical questions, thus the possible nature of the illness, expected outcome, recommended treatment method, lifestyle, their risks, verbally informed,

d) I have been informed of the availability of the House Rules and detailed patient information forms,

e) I had the opportunity to ask questions, the answers to which I have understood and found sufficiently detailed.

f) I certify that the child/ward/next of relative represented by me has also been informed in an age- and condition-appropriate manner, understandable to them.

I have read and understood the patient information and this consent form. Freely and without any external influence, I consent to the care and sign it as an expression of my will.

Budapest, 20 …….

Signature of Patient/ward legal representative /next of relative: .....

Legible name of signatory: .....

Patient information provided by:

PH.

Legible name: ..... Signature: .....

Qualification: ..... Position: .....

*please indicate by underlining

Budapest, 20 …….

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