**PATIENT CONSENT TO PARTICIPATE IN CANDOR OPEN DISCUSSIONS**

I have read and understand the “**Notice for Candor Open Discussions**” provided to me by my health care provider or health facility, dated \_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_.

I consent to participate in open discussions under the Candor process as set forth in the Candor law contained in the Iowa Code, Title IV, Chapter 135P, regarding the adverse health care incident stated in the Notice. I understand the Iowa Candor law requires certain steps to be followed to comply with the law. I understand these steps are often referred to as the “Candor law” or “Candor process.”

I understand and agree to the following:

* I am not required to participate in an open discussion under the Candor process. If I decide to terminate my participation in the Candor process, I may do so by providing a dated, written notice of termination to the individual who provided me with the original Notice.
* I have the right to receive a copy of the medical records related to the adverse health care incident and I have the right to authorize release of the medical records related to the adverse health care incident to any third party.
* I have the right to seek legal counsel to assist me in the Candor process at my own expense.
* I have a right to receive a copy of Iowa Code § 614.1(9) regarding the statute of limitations, or deadlines, for filing a lawsuit in Iowa. I understand that the time for a patient to bring a lawsuit is limited under this Iowa Code Section and I understand that the time limitation will not be extended by engaging in open discussions under the Candor process unless all parties agree to an extension in writing.
* I understand and agree that all communications with my health care providers under the Candor process made in the course of an open discussion are privileged and confidential. This includes any communications to initiate the Candor process including these forms. All Candor communications are NOT subject to legal discovery, subpoena, or other means of legal compulsion for release, and are NOT admissible as evidence in a judicial, administrative, or arbitration proceeding. This confidentiality and privilege requirement applies to communications made orally and in writing during the Candor process.
* I understand that an “open discussion” is defined under the Candor law as all communications made under Candor, and includes “all memoranda, work products, documents and other materials that are prepared for or submitted in the course of or in connection with communications” under the Candor law.
* I understand that communications, memoranda, work products, documents and other materials that are otherwise subject to discovery and not prepared specifically for use in an open discussion in the Candor process, are not confidential under the Candor law but may be privileged and/or confidential under other laws.
* I understand that if I decide to terminate the Candor process, all Candor communications up to the termination date will remain confidential and privileged.
* I understand that I may request to include other persons in the open discussions. I also understand that my health care providers may request to include other persons in the open discussions. I understand and agree that all additional participants shall be advised in writing prior to open discussions of the above requirements of confidentiality and privilege in the Candor process and that they must agree to the requirements in writing by signing the attached “**Participation Agreement in Candor Open Discussions**.”

My signature below affirms that:

* I have been given a copy of the “**Iowa Candor Law Patient FAQs and Program Overview**” document;
* I have read in its entirety and understand the “**Notice for Candor Open Discussions**” document;
* I have received a copy of Iowa Code § 614.1(9) regarding the statute of limitations;
* I have read in its entirety and understand this “**Patient Consent to Participate in Candor Open Discussions**” document;
* I understand and consent to engage voluntarily in an open discussion under the Candor process;
* I understand that I may ask any questions about these Candor forms and the Candor process before signing; and,
* I understand that I may seek the advice of legal counsel prior to signing this Consent at my expense in order to ask any additional questions about these Candor forms and the Candor process.

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Patient Signature (or patient’s representative) Date

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Patient Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Patient’s Representative (if applicable)