**PATIENT CONSENT TO PARTICIPATE IN MEDICAL CANDOR PROCESS**

I read and understand the “**Health Care Provider Notice for Medical Candor Process**” provided to me by my health care provider, dated \_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_.

I consent to participate in a medical candor process under the Utah Medical Candor Act regarding the adverse event stated in the Notice. I understand the Utah Medical Candor Act requires certain steps to be followed to comply with the law. I understand these steps are often referred to as the “Candor law” or “medical candor process.”

I understand and agree to the following:

* I am not required to participate in a medical candor process under the Utah Medical Candor Act. If I decide to terminate my participation in the medical 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 event and I have the right to authorize the release of the medical records related to the adverse event to any third party.
* I have the right to seek legal counsel at my expense and I have the right to have legal counsel present throughout the medical candor process.
* I understand that there are time limitations for a malpractice action against a health care provider and a medical candor process does not alter or extend the time limitations for a malpractice action against a health care provider.
* [INSERT IF APPLICABLE] I understand that if the health care provider is a public employee or governmental entity, participation in a medical candor process does not alter or extend the deadline for filing the notice of claim under the Governmental Immunity Act of Utah.
* I understand and agree that, by consenting to participate in a medical candor process with my health care provider(s), any communication, material, or information created for or during the medical candor process, including a communication to participate in the medical candor process, is confidential, not discoverable, and inadmissible as evidence in a judicial, administrative, or arbitration proceeding arising out of the adverse event. This confidentiality and privilege requirement applies to communications made orally and in writing during the medical candor process.
* I understand that a party to the medical candor process may not record any communication without the mutual consent of all parties to the medical candor process.
* I understand that if I decide to terminate the medical 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 medical candor process. I also understand that my health care providers may request to include other persons in the medical candor process. I understand and agree that all additional participants shall be advised in writing of the requirements of confidentiality and privilege in the medical candor process and that they must agree to the requirements in writing by signing a “**Participation Agreement in Medical Candor Process.**”

My signature below affirms that:

* I have been given a copy of the “Patient FAQs About Candor” document;
* I have read in its entirety and understand the “Health Care Provider Notice for Medical Candor Process” document;
* I have read in its entirety and understand this “Patient Consent to Participate in Medical Candor Process” document;
* I understand and consent to engage voluntarily in the medical candor process;
* I understand that I may ask any questions about these Candor forms and the medical 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 medical 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)