CAPITAL CITY ANESTHESIA, LLC.

CONSENT FOR ANESTHESIA PROCEDURE

I consent to anesthesia care and procedures being provided by an Anesthesiologist or CRNA of ***Capital City Anesthesia,*** *LLC.*, or his/her associate. I understand that the Anesthesiologist/CRNA who has discussed these procedures and alternatives with me may not be the Anesthesiologist/CRNA who provides the anesthesia care. An Anesthesia Care Team that will include the Anesthesiologist and one or more Certified Registered Nurse Anesthetists (CRNA) **may** provide the anesthesia care.

I understand that, as with any medical procedure, there is always the possibility of an unexpected complication, and no guarantee or promise can be made to me concerning the result of any procedure or treatment. With respect to the anesthesia procedure to be performed, the physician whose name appears below has discussed with me the likelihood of major risks or complications on this procedure, including (where applicable) but not limited to infection, hemorrhage (excessive bleeding), drug and blood reactions (among others to include rash, itching, nausea, vomiting and shock), blood clots, loss of sensation, loss of limb function, paralysis, organ damage, heart attack, stroke and loss of life.

I understand that I might also experience:

General Anesthesia: Sore throat, hoarseness, shortness of breath, difficulty breathing, injury to teeth, eyes or airway. Injury to arteries or veins, awareness under anesthesia, minor pain or discomfort continuing after discharge.

While under general anesthesia there are special tubes and plastic airways that are used to help you breathe. When awakening from anesthesia, you may bite down on these airways. If your teeth are weak, diseased or loose, there is a definite possibility they may be damaged. Capped teeth, bridges and other dental devices can also be damaged in this way. Such a problem may be unavoidable. We cannot accept responsibility for this.

Regional/Epidural/Sedation Anesthesia: Pain or discomfort, injury to arteries or veins, residual pain or sensation, headache, low blood pressure, high blood pressure or seizure may lead to using a general anesthesia. I understand that regional anesthesia does not always provide complete pain relief.

The explanations given to me by the Anesthesiologist/CRNA are valid for only my physical condition/health as known to the Anesthesiologist/CRNA and does not include any undiagnosed or undisclosed previous medical conditions that I have. I acknowledge that if I am pregnant, that I have informed the Anesthesiologist/CRNA of my condition. I acknowledge that all concerns/questions which I had were answered.

_____ _____
Signature (Patient/Guardian) Date

_____ _____
Witness Date

I have explained the above to the Patient and/or Guardian and the Patient/Guardian consents to the procedure.

_____, M.D. / CRNA
Anesthesia Provider Signature

RECEIPT OF HIPAA NOTICE OF PRIVACY PRACTICES

A NOTICE DESCRIBING HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION HAS BEEN GIVEN TO YOU. PLEASE REVIEW CAREFULLY.

You should know that ***Capital City Anesthesia, LLC.,*** voluntarily complies with and is bound by the established Privacy Policies of Seven Hills Surgery Center, LLC.

By signing below, you acknowledge that a complete copy of the Notice of Privacy Practices from either ***Capital City Anesthesia, LLC.*** or Seven Hills Surgery Center, LLC has been given to you.

This notice explains:
How your health information may be used and disclosed.
That you should read this carefully.
That you are aware that the Notice may be changed at anytime.
That you may obtain another copy of the Notice or a revised copy of the Notice by contacting ***Capital City Anesthesia, LLC***., HIPPA Privacy Official, Lesley Lewis, at (850) 656-4277

_____ _____
Signature Date

_____
Print Name

As the representative of the above-mentioned individual, I acknowledge receipt of the notice on his/her behalf.

_____ _____
Signature Date

_____
Print Name

CAPITAL CITY ANESTHESIA, LLC