



Your Consent



**Key information about home
hospitalization at Fondation
Santé Service**

Fondation Santé Service

88 rue de Villiers – 92300 LEVALLOIS-PERRET

Tél: 01 46 97 01 75 – Fax: 01 46 97 00 05

www.fondation-santeservice.fr



Dear Sir/Madam,

In accordance with your treating physician or the hospital doctor, and as part of your personalized care plan, you will benefit from home hospitalization (HAD) provided by Fondation Santé Service. The information regarding your stay, your rights, and obligations are contained in the HAD welcome booklet that was given to you upon admission.

Patient's consent

I, the undersigned:

Name: First name:

Date of birth: / /

❖ I acknowledge that I have read the various documents and the welcome booklet that were given to me and accept their conditions.

❖ I acknowledge that I have received complete and clear information, provided in a comprehensible language, and that Fondation Santé Service has encouraged me to ask any necessary questions regarding the modalities of hospitalization and the medical procedures and treatments that I may undergo (including the modalities of home hospitalization, the course of examinations, treatments, investigations, and the general precautions that I must take).

Done at :

On : / /

Signature

For better contact :

Phone :

Email :

Consent from legally authorized persons

Name: First name:

Date of birth : / /

In capacity of:

Legal representative*

Family member, trusted person (article L.III-6 of the Public Health Code), or close relative**

Specify (father, mother, guardian, cousin, nephew, brother-in-law, etc.):

of the patient:

Name: First name:

Date of birth: / /

❖ I acknowledge that I have read the various documents and the welcome booklet that were given to me and accept their conditions.

❖ I acknowledge that I have received complete and clear information, provided in a comprehensible language, and that Fondation Santé Service has encouraged me to ask any necessary questions regarding the modalities of home hospitalization and the medical procedures and treatments that the patient may undergo in this context (including the modalities of home hospitalization, the course of examinations, treatments, investigations, and the general precautions that I must take).

❖ I guarantee that I am legally authorized to receive information regarding the patient's health status and to consent to the administration of medical treatments within the framework of home hospitalization.

For holders of parental authority:

❖ I declare that the patient concerned by the administration of medical treatments has received age-appropriate and capacity-adapted information, in accordance with Article L.III-2 of the Public Health Code, and that their consent to medical procedures and treatments has been sought by Fondation Santé Service.

❖ I guarantee that I have previously obtained the consent of all legally authorized representatives to decide on the patient's care and the administration of treatments ***.

❖ I declare that the consent of the minor patient, for whom I am the legal representative, in accordance with Article L.III-4 of the Public Health Code, has been sought, taking into account their ability to express their will and participate in the decision ****.

Pour les tuteurs disposant d'un droit de représentation :

❖ Déclare que le majeur objet d'une mesure de tutelle, dont je suis représentant légal, n'est pas apte à recevoir l'information sur son état de santé, à consentir à l'administration de traitements médicaux et n'a pas exprimé de désaccord vis-à-vis de l'administration des traitements envisagés.

Done at :

On: / /

Signature

For better contact:

Phone:

Email:

* Person with parental authority, guardian, or curator.

** In the presence of a person who is unable to give consent due to their health condition, it is necessary, in order to proceed with the administration of the envisaged treatments, to consult a family member, a trusted person designated by the patient as referred to in Article L.III-6 of the Public Health Code, or a close relative (friends, partner). However, this person cannot consent on behalf of the patient.

*** In the presence of a minor or a protected adult (guardianship, curatorship), the consent of a representative is not always possible for the most serious acts. It will be necessary to have obtained the consent of all persons who must express their views on the implementation of the treatment.

**** The consent of the minor is not mandatory but must be sought. They may give consent if they are capable (particularly in terms of their maturity).