



## Consent Form for Professional Colleague Observation During Procedures

I, the undersigned patient or legal guardian, hereby consent to the presence of outside professional colleagues and/or students in the procedure room during my upcoming medical procedure at The Vein Center of Cincinnati. I understand that these individuals will only be observing the procedure and will not be actively participating in any way. Their presence is solely for educational and professional development purposes.

### Purpose of Observation:

The purpose of allowing professional colleagues and/or students to observe the procedure is to provide them with educational and professional development opportunities. These colleagues may include medical students, residents, fellows, or other healthcare professionals who are pursuing further training in the field.

### Understanding:

I understand that the associates of the Vein Center of Cincinnati will be the primary performer of the procedure, and any professional colleagues and/or students present will be under the supervision of the primary physician. I have been informed that their presence is non-invasive and will not affect the quality or safety of my medical care.

### Confidentiality:

I acknowledge that all professional colleagues and/or students present during the procedure will adhere to strict confidentiality standards. They will not disclose any personal or medical information about me to any third party, and they will maintain the confidentiality of all information observed during the procedure.

### Voluntary Agreement:

I acknowledge that granting permission for professional colleagues and/or students to observe my procedure is entirely voluntary. I understand that I have the right to refuse their presence without impacting the quality of my medical care.

Patient's Signature: \_\_\_\_\_ Patient's Full Name: \_\_\_\_\_

Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Witness's Full Name: \_\_\_\_\_

Date: \_\_\_\_\_