

Patient consent for EEG

As part of EEG, informed consent is required. The form below is an example of the form you will be required to sign to undertake the study.

The form takes two parts:

a) Video consent – required for all EEG

b) HV and PS consent – these procedures will be discussed with you by the physiologist performing the study. Refusal to consent will not affect medical care but it could limit diagnostic prognosis. These procedures will not be performed during sleep studies therefore consent will not be asked.

Patient Consent for EEG

Consent to EEG with video:

For completion by patient/guardian (if necessary for patient under 16)

Please tick one box only:

Images to be stored in confidential medical records ONLY.

I consent for video to be used for confidential records and teaching but not for publication.

I agree with the statement below:

I understand that the pictures have educational value. I consent to them being shown to relevant professional staff, used in educational publications, journals or textbooks. As a result, I realise that the general public may see them. Efforts will be made to conceal my identity but full confidentiality is not guaranteed.

I may view the pictures by arrangement with my Consultant. However, once released I realise that recovery of the video may not be possible. I understand that no fee is payable by South Tees Acute NHS trust, or any other person, in respect of the video, now or in the future.

I confirm that the purposes for which the video could be used have been explained to me and that I have understood. Refusal to consent will not affect my medical care.

I confirm that I give my informed consent for EEG and video recording.

..... Signature(Patient/Guardian)

..... Date

Consent to EEG with Hyperventilation and Photic Stimulation:

For completion by patient/guardian (if necessary for patient under 16)

For part of the EEG it may be necessary to perform procedures called Hyperventilation and/or Photic Stimulation.

I agree to undertake a period of Hyperventilation.

I agree to undertake a period of Photic Stimulation.

I confirm that the purposes for which Hyperventilation and Photic Stimulation to be performed have been explained to me and that I have understood. I confirm that it has been explained to me the possible risks associated with these procedures and that I have understood.

Refusal to consent will not affect my medical care but it could limit diagnostic prognosis.

I confirm that I give my informed consent for Hyperventilation and/or Photic Stimulation to be performed.

..... Signature(Patient/Guardian)

..... Date