

# Patient Rights Regarding Surgical Consent

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

**Dear [Insert Healthcare Provider's Name],**

I, [Insert Patient Name], acknowledge that I have been informed about my rights as a patient concerning surgical consent. I understand that I have the following rights:

- The right to receive clear and comprehensive information about the proposed surgical procedure, including its purpose, benefits, risks, and alternatives.
- The right to ask questions and receive satisfactory answers concerning my treatment options.
- The right to be involved in the decision-making process regarding my health care.
- The right to give or withhold consent freely and voluntarily without any coercion.
- The right to change my mind and withdraw consent at any time prior to the procedure.
- The right to request an interpreter if I do not understand the language used during discussions about my care.

By signing this document, I indicate that I have read and understood my rights regarding surgical consent, and I am prepared to proceed (or not) based on the information provided.

Signature: \_\_\_\_\_

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

Thank you for respecting my rights as a patient.

**Sincerely,**

[Insert Patient Name]