I understand and agree that VUMC will:
- test or treat me as directed by my doctors and health care team, possibly including giving me blood or blood products (if medically needed) and testing certain genes to guide drug therapy.
- test my blood for such infections as hepatitis and HIV/AIDS if someone is exposed to my blood or body fluids.
- use, keep, or dispose of tissues or other samples taken from my body during tests or treatment.

I understand that my medical care may require the collection of samples, including fluids or tissues, from my body. This may include having blood drawn or tissues removed during tests, treatment, or surgery. I agree that
- Blood and other samples left over after my tests, treatment, or surgery is completed may be used for education or research.
- Any research done on these tissues or other samples will not identify me.
- All research using health information or samples is subject to research oversight.
- There are no plans to pay me for any inventions that might result from research.

I have the right to refuse tests or treatment (as far as the law allows) and to be told what might happen if I do. I have the right not to have any photos or videos taken of me unless I agree to this, except as needed to treat me.

No guarantees were made to me about the results of my treatment.

“Your Rights and Responsibilities as a Patient” is available in all Vanderbilt facilities, in the handbook for inpatients, and on-line at VanderbiltHealth.com. I understand I can request a copy.

If I have any questions or concerns about any of the above, I will speak with a doctor or other member of my health care team before care is provided.

Patient/Legal Representative: _______________________________ (_____________________
(Relation to patient)

Date: ______________________