**PATIENT CONSENT TO PARTICIPATE IN CANDOR OPEN DISCUSSIONS**

I read and understand the “**Health Care Provider/Facility Notice for Candor Open Discussion**” provided to me by my health care provider, dated \_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_.

I consent to participate in an open discussion under the Minnesota Candor Act regarding the health care adverse incident stated in the Notice. I understand the Minnesota Candor Act requires certain steps to be followed to comply with the law. I understand these steps are often referred to as the “Candor law” or “Candor process.”

I understand and agree to the following:

* I am not required to participate in an open discussion under the Candor process. If I decide to terminate my participation in the Candor process, I may do so by providing a dated, written notice of termination to the individual who provided me with the original Notice.
* I have the right to receive a copy of the medical records related to the health care adverse incident and I have the right to authorize release of the medical records related to the adverse health care incident to a third party.
* I have the right to seek and consult with legal counsel at my expense and I have the right to have legal counsel present throughout the Candor process at my expense.
* I understand I must receive a copy of Minn. Stat. § 541.076 with the Notice. I understand that this is the statute of limitations, or deadline, for filing a lawsuit in Minnesota. I understand that the time for a patient to bring a lawsuit is limited under this statute and I understand that the time limitation will not be extended by engaging in an open discussion under the Candor process unless all parties agree in writing to an extension. I acknowledge that a copy of this statute was provided to me with the Notice and that I reviewed and understand this statute.
* I understand and agree that all communications made during the course of the Candor open discussion process are privileged and confidential. This includes any communications regarding the initiation of the Candor process including these forms. All Candor communications are NOT subject to discovery, subpoena, or other means of legal compulsion for release, and are NOT admissible as evidence in a proceeding arising directly out of the health care adverse incident, including a judicial, administrative, or arbitration proceeding. This confidentiality and privilege requirement applies to communications made orally and in writing during the Candor process.
* I understand that an “open discussion” is defined under the Candor law as all communications made under Candor, and includes “memoranda, work product, documents and other materials that are prepared for or submitted in the course of or in connection with communications” under the Candor law.
* I understand that communications, memoranda, work product, documents or other material that are otherwise subject to discovery and not prepared specifically for use in an open discussion in the Candor process, are not confidential under the Candor law.
* I understand that if I decide to terminate the Candor process, all Candor communications up to the termination date will remain confidential and privileged.
* I understand that I may request to include other persons in an open discussion. I also understand that my health care providers or health facility may request to include other persons in an open discussion. I understand and agree that all additional participants shall be advised in writing prior to an open discussion of the above requirements of confidentiality and privilege in the Candor process and that they must agree to the requirements in writing by signing the attached “**Participation Agreement in Candor Open Discussions**.”

My signature below affirms that:

* I have been given a copy of the “**Patient FAQs About Candor**” document;
* I have read in its entirety and understand the “**Health Care Provider/Facility Notice for Candor Open Discussion**” document;
* I have received and reviewed Minn. Stat. § 541.076 regarding the statute of limitations;
* I have read in its entirety and understand this “**Patient Consent to Participate in Candor Open Discussions**” document;
* I understand and consent to engage voluntarily in an open discussion under the Candor process;
* I understand that I may ask any questions about these Candor forms and the Candor process before signing; and,
* I understand that I may seek the advice of legal counsel prior to signing this Consent at my expense in order to ask any additional questions about these Candor forms and the Candor process.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Signature (or patient’s representative) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Patient’s Representative (if applicable)