

California Sleep Labs

Consent for Overnight Polysomnography (sleep study)

Waiver Form

Date _____/_____/_____

Time _____AM/PM

You have been given information about your condition by your physician and/or their staff. You should now understand that you may have a condition known as obstructive sleep apnea (OSA). OSA is a condition whereby your air passage becomes blocked by upper airway tissue. When this blockage occurs, your body does not receive the right amount of oxygen. In order to accurately diagnose this problem, your physician has recommended you have a test called *polysomnography*, also known as a sleep study. This procedure is standard of care for the diagnosis and/or the confirmation of same. This study will take place at the Four Seasons Hotel located on the same property as California Sleep Institute (CSI)/California Sleep Labs.

For this study, you will sleep in a standard bed in the hotel. You will have numbers of wires attached to your scalp, face, chest and legs. Your breathing will be monitored by belts around the chest and waist. The air going in and out of your nose will be monitored with a sensor(s) that will go into your nostrils. The oxygen levels in your blood will be obtained using a band-aid like sensor that will be placed on your finger. There are no invasive procedures involved with your sleep study nor are any medications given for the study.

During the application of some of the sensors, your skin will be cleaned with a substance, similar to a facial scrub. Sometimes this may feel a bit uncomfortable. All of the sensors will lie on the surface of your scalp and/or skin and will be attached with a paste-like substance and tape.

Your sleep will also be monitored by video and sound in a nearby room by a sleep technologist. The technologist has been trained and educated to perform these types of studies and are certified to do so. There may be more than one technologist present during your test. The technologists will be attending to two patients a night in an adjoining room and will have access to your room at all times during the study.

You also understand that your certified sleep technologist is a male who will be attending to your sleep study the entire night and have no concerns with this going forward. The study will take place between the hours of 7pm and 7am.

RISKS

This procedure is considered to be standard of care for the diagnosis of OSA. However there are some minor risks you should be aware. These include:

- redness of skin from electrodes, paste/scrub and/or tape
- sleeping in an unusual environment
- Potential loss of privacy

In the event of an emergency, the technologist is trained in CPR and will call 911. A physician from CSI will also be notified.

Complications; Unforeseen Conditions; Results: You should be aware that in the practice of medicine, other unexpected risks or complications not discussed or known may occur. No guarantees or promises have been made to you concerning the results of any procedure or treatment.

Photography /Videography

You understand that as part of the sleep study it is necessary to videotape you while you sleep. Any photographs or video recordings are strictly limited to what will be contained in your medical record. No likeness will be released to any other party without your explicit consent. By signing this document you agree ONLY to have personnel related to your care have access to such media.

Financial Responsibility

Our sleep study financial counselor will be reviewing insurance and costs with you and having you sign a financial consent form prior to the study. Please note, should you decide to leave while the study is being conducted you will be held responsible for the entire cost of the study. Insurance will likely not cover any expenses if you decide to leave.

You also have been advised that you are responsible for any incidental costs that might be incurred during your stay at the Four Seasons.

You are also aware of our cancellation and rescheduling policy and been advised of the \$250 if charge you will incur if you do not cancel or reschedule your study in a timely manner.

By signing this consent form you are confirming that you understand what will happen during the procedure and that this procedure is standard of practice. Further, you are satisfied with the explanation provided to you by your physician and/or staff members.

By signing this document, you represent that you are of legal capacity and have the right to consent and or agree to the above.

(Print)Patient Legal Name

(Print) Witness Name

Patient Signature

Witness Signature

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