



## Consent for Sensitive Examination

For purposes of this consent form, a “Sensitive Exam” on a female patient means an examination of the vagina, cervix, uterus, fallopian tubes, ovaries, rectum, or external pelvic tissue or organs using any combination of modalities, which may include the health care provider’s gloved hand or instrumentation. This procedure is used to diagnose and/or treat conditions that involve the pelvis.

For purposes of this consent form, a “Sensitive Exam” on a male patient means an examination of the rectum, prostate, and external tissue or organs, including the penis, scrotum and testicles using any combination of modalities, which may include the health provider’s gloved hand or instrumentation. This procedure is used to diagnose and/or treat conditions that involve the pelvis.

I understand that health care practitioners, medical students, or any other student receiving training as a health care practitioner (collectively “Medical Students”) may be present to observe and learn during my exam.

I understand that one way for Medical Students to learn how to perform Sensitive Exams is by supervised instruction while performing a Sensitive Exam on a patient (“Educational Sensitive Exams”).

My treating health care practitioner has explained the Sensitive Exam process and the Educational Sensitive Exam process, including information on why the Sensitive Exam is necessary and any associated risks. I have also had the opportunity to raise any concerns I may have about receiving a Sensitive Exam, including any associated risks of refusing the Sensitive Exam and if alternative exams are available.

By signing this consent form, I acknowledge that I have read this consent form (or had it read to me) and I understand that I am consenting to a Sensitive Exam and/or Educational Sensitive Exam per my selection below. I have had the opportunity to ask any questions and my questions have been answered to my satisfaction.

- ☐ **I AGREE AND CONSENT** to a Sensitive Exam performed by ONLY my treating health care practitioner.
- ☐ **I AGREE AND CONSENT** to an Educational Sensitive Exam performed by one Medical Student with direct supervision of my health care practitioner.

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Patient or Authorized Legal Representative Signature

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Date and Time

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Patient or Authorized Legal Representative Name (Printed)

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Relationship to Patient (e.g. Parent; Guardian; Healthcare POA)

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Witness Signature

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Date and Time

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Witness Name (Printed)