

Northwest Kidney Centers Informed Consent for Treatment

I have the right to make decisions about my healthcare. My nephrologist (kidney doctor) has explained to me that I have a form of kidney failure called acute kidney injury (AKI) or that I have end-stage renal disease (ESRD) and that my kidneys no longer work well enough to support my health.

By signing this form, I authorize Northwest Kidney Centers (NKC) to treat my kidney failure with dialysis treatments at the direction of my kidney doctor and/or any other doctor appointed by him or her.

Information about my kidney failure (AKI or ESRD)

- My kidney doctor has explained my kidney failure to me
- I understand dialysis is one type of treatment for kidney failure; I may also choose to not start dialysis treatment, choose to stop dialysis later (which may result in death), or to receive a kidney transplant
- My kidney doctor told me what to expect from dialysis, the effects of treatment, and the risks of dialysis treatments
- NKC provides the dialysis treatments my kidney doctor has ordered for me
- NKC staff are available to answer any questions I might have about my kidney failure and/or treatments and will support the choices I make regarding my treatment

Dialysis treatment options

NKC provides two types of dialysis treatments: hemodialysis and peritoneal dialysis (PD).

Hemodialysis

- Requires having access to my blood through a catheter or a vein
- Treatment can be done in a center or at home
- Blood moves through tubing from my body through a filter (dialyzer) connected to a dialysis machine
- Extra waste, salt, and water are removed in the filter, and then my blood is returned to my body

Patient Name _____

NKC# _____

Peritoneal Dialysis (PD)

- Requires having a tube placed in my abdomen
- Treatment is done at home
- A cleansing solution goes into my abdomen (belly) and draws out waste, salt, and water from blood vessels
- The solution, along with waste and water, is drained out and replaced
- PD is done by doing several procedures by hand each day (CAPD), or with the help of a machine overnight while I sleep (APD)

Kidney function and dialysis

I know my kidneys are not currently able or are no longer able to clean the waste and extra fluid from my blood. Since my kidneys are not working, I need dialysis as a lifesaving treatment. I understand I am not able to live without dialysis. I have the right to choose which type of dialysis I receive after reviewing my options with my kidney doctor.

I understand I may be able to have hemodialysis or peritoneal dialysis in my home. If I am a candidate for home dialysis, NKC will train me to do my dialysis in my home. I understand I may need a permanent access for NKC staff to train me for home dialysis.

I understand that I may change the type of treatment with the agreement of my kidney doctor and that I may need to change the treatment type for medical or other reasons in the future.

I understand that I will need to participate in care planning with my kidney doctor and NKC staff.

I understand that information about the payment for my dialysis treatments will be explained to me by my financial case manager.

I understand that during dialysis, a medication called heparin is used, which is derived from pork. I am aware I can refuse to have heparin given during my treatment and that my doctor will be contacted. I understand that NKC encourages me to discuss this matter or seek advice from my religious leaders if I have concerns.

Risks of dialysis

I understand that dialysis is a lifesaving treatment, but it also has risks, which can be serious and even cause coma or death.

The risks can include, but are not limited to:

- Low blood pressure (symptoms may include feeling weak or faint, headache, nausea, vomiting, chest pain, or falls)
- Cramping from fluid removal (usually in legs, feet, and/or hands)
- Chest pain
- Irregular or fast heart rate
- Fever and/or chills (may be a sign of infection)
- Infection of blood or dialysis access site
- Clotting of the blood at the access site, the dialyzer, or the blood tubing
- Bruising or bleeding due to blood thinning medications used in hemodialysis
- Allergic reactions, which can cause itching or more serious symptoms
- Reactions and side effects from medications that are given during dialysis
- Hemodialysis equipment problems
- During the first peritoneal treatment, dialysate may cause some belly discomfort

NKC services

- Hemodialysis provided at an NKC dialysis center or training for home dialysis
- Laboratory draws to determine how well my dialysis is working for me
- Medications that are ordered by my kidney doctor to be given in-center or by me at home, will be administered during my dialysis treatment
- Care and services will be provided by NKC staff, including nurses, technicians, social workers, dietitians, pharmacists, financial case managers, and other support staff as needed
- Doctors doing advanced studies in the care of kidney patients from the University of Washington may also take part in my care
- New employees or other students may provide care under the supervision of NKC staff

Unexpected medical needs

I know that during my treatment, unexpected situations may occur that require additional care. In these unusual circumstances, I authorize my doctor or authorized designee to order care for me to be performed by NKC staff.

Patient Name _____

NKC# _____

Financial responsibility (see also Patient Account Agreement)

I agree to pay for all services provided by NKC according to the then-current rates and terms of the facility.

I agree to apply for and use all available funding sources that are needed to pay for NKC charges, and I understand that NKC will provide a financial case manager to assist me with applications for funding sources, as necessary.

I agree to provide NKC with any financial and personal information needed to obtain and maintain coverage from funding sources. I agree to pay any applicable charges not paid by funding sources.

I agree to notify NKC about any changes in funding sources, including but not limited to, loss of or change in insurance coverage, eligibility for new coverage, or enrollment in Medicaid or other programs.

Privacy of medical records (see also Notice of Privacy Practices)

I have received and understand the Northwest Kidney Centers Notice of Privacy Practices.

I understand that information in my medical record is protected and private and can only be shared under certain conditions that affect my medical care.

Duration of consent

I understand this consent will stay in effect for all treatments at any NKC facility, even if the care is interrupted (for example, by a hospital stay or travel). If I receive a kidney transplant, regain kidney function, or transfer care to another dialysis provider, this consent will be terminated and a new Consent for Treatment will be required upon my return to NKC. I can cancel this consent in writing at any time and NKC can cancel it in writing at any time.

Northwest Kidney Centers Informed Consent for Treatment Acknowledgement

By signing this form, I certify I have read, or someone else has read to me, the **Northwest Kidney Centers Informed Consent for Treatment** (CKD-PE-37, 11/13/2025). I have been offered a copy, have had any questions answered, and I understand the information.

Signed:

Patient Name (Print)

X

Patient Signature

Date

☐ Patient ☐ Legal Guardian/Representative ☐ Power of Attorney

NKC Staff Witness Name (Print)

X

NKC Staff Witness Signature

Date

Translator or Reader Witness Name (Print)

X

Signature

Date

☐ Reader ☐ Translator

When this form requires two witnesses per NKC Patient Consents Policy, a second NKC staff must sign:

NKC Staff Witness Name (Print)

X

NKC Staff Witness Signature

Date