

Consents

Purpose

The purpose of informed consent is to provide information to the patient or the patient's authorized representative with which a decision may be made regarding whether to consent to treatment.

Policy

To the extent reasonable, the information presented to the patient or the patient's authorized representative should include:

1. An explanation of the nature, purpose, benefits and effects of the proposed treatment or procedure
2. The alternative treatments available
3. The attendant risks of the proposed treatment or procedure
4. The comparative risks, benefits and alternatives associated with performing the procedure at the Center instead of in a hospital
5. The potential consequences of not receiving the proposed treatment or procedure
6. The identity of the practitioner primarily responsible for providing the treatment or procedure

GENERAL PROCEDURES:

1. It is the responsibility of the surgeon to obtain informed consent.
2. The fact of such consent, must, except in the case of life threatening emergency, be included in the patient's medical record.
3. The consent must be witnessed, dated, and signed by the practitioner and the patient, guardian or other authorized representative (see policy 304).

4. The consent may be obtained in the practitioner's office or in the pre-procedure area of the Center. The signature of the physician is acceptable in fax form, via email, or real-time signature.
5. The consent is valid for up to 120 days from the date of execution by the patient, guardian or other authorized representative.
6. The consent form must be read to patients who are unable to read the form. In such instances, the patient must be asked whether he understands what he is signing, and such acknowledgement must be noted in the patient's record.
7. Pre-procedure medications may not be administered prior to the patient signing the consent form.
8. No patient shall be transported to the operating room without a fully executed consent form.
9. If a patient is blind or visually impaired the consent form is to be read in full to him/her. The patient's signature can then be obtained and witnessed by two people.
10. If a patient is unable to read the consent form due to a language barrier a person speaking the same language will read the form in full to the patient. The person who has read the form is to be indicated on the form and the reason why. The patient's signature is to be witnessed by two people.

The Next-of-Kin or Legal Guardian:

1. The practitioner shall make the determination of competence. If the practitioner determines that the patient is not competent, the reasons for such determination will be documented in the patient's record.
2. A competent patient has the right to refuse treatment and/or leave the Center. This right exists even if the action chosen by the patient will increase the likelihood of death, disability or impairment of health.
3. Except in cases of emergency, if an adult patient is incompetent, substitute consent must be obtained from, in descending order of legal preference, the legal guardian, the holder of a general durable power of attorney (one that states specifically that it survives incompetence), spouse, adult child or other adult next of kin.

4. If the patient is a minor (but not an emancipated minor), consent must be obtained by a parent or legal guardian. If a minor is in foster care, consent must be obtained from the state Division of Children and Youth Services.

Consent for Anesthesia

1. The appropriate practitioner obtains consent to anesthesia from the patient, parent, legal guardian or person giving substitute consent.
2. This practitioner will discuss with the patient the type of anesthesia, the risks, the benefits and the alternatives to anesthesia.
3. The discussion above and the patient's consent are to be documented in the medical record by the practitioner who obtains the consent on the form provided.

Consent in Emergency Situations

1. When an emergency exists and no one is immediately available who is authorized to give consent, consent for a procedure, treatment or other service recommended by a duly licensed provider is implied.
2. An emergency is defined as a situation wherein, in competent medical judgment, proposed surgical or medical treatment or procedures are immediately or imminently necessary and any delay occasioned by an attempt to obtain consent would reasonably be expected to jeopardize the life, health or safety of the person affected, or would reasonably be expected to result in disfigurement or impaired faculties.
3. Consent is also implied when an emergency exists and there has been a protest or refusal of consent by a person authorized to do so, there is no other person immediately available who is similarly authorized to give consent, but there has been a subsequent material and morbid change in the condition of the person affected.

Valid Time Limits

Consent is valid for 120 days after signed, dated, and witnessed.

Consent for Filming

Consent will be obtained from patients or authorized representative for filming or recording for purposes other than identification, diagnosis or treatment of the patient. This consent will be obtained prior to the procedure whenever possible. In the event that consent cannot be obtained prior to a procedure, the film or recording will remain in the possession of HSC until consent is obtained. If consent is not obtained, the film or recording will be destroyed or the non-consenting patient removed from the film.

The patient has the right to:

- Request that filming be stopped.
- Rescind their consent for filming before the film is used

Anyone involved in filming/recording will sign a confidentiality statement.

