



## Patient Education, Documentation, and Consent

Policy No: 1.1 Consent For Treatment/Refusal Of Treatment

Effective Date: 12/01/16

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### **CONSENT FOR TREATMENT/REFUSAL OF TREATMENT POLICY**

#### **POLICY**

FAMILY Circle of Care (FCC) respects the diverse cultural needs, preferences, and expectations of the patients and families it serves to the extent reasonably possible while appropriately managing available resources and without compromising the quality of health care delivered. A refusal will be respected and honored when provided by the patient or patient's legally authorized representative.

#### **PURPOSE**

In order to facilitate an environment of clinical safety and clear communication, this policy establishes the requirements for gaining patient consent before the administration of treatment to patients at FCC.



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#### **PROCEDURES**

##### Informed Consent for Treatment, General

- 1.** Before medical care/services can be rendered, or before any clinical procedure is undertaken, consent to such care/services or treatment must be obtained from the patient, from an adult family member, or any authorized guardian for the patient.
  - a.** Information given to the consenter should include the following:
    - i.** Diagnosis of condition
    - ii.** Nature and purpose of the proposed treatment
    - iii.** Risks and ramifications involved
    - iv.** Probability of suddenness
    - v.** Alternative methods of treatment
    - vi.** The prognosis if the procedure is not performed
- 2.** Legal consent may be obtained from the following:
  - a.** The patient, if at least 18 years old, or married, and if physical and mental condition permits.
  - b.** A parent or legal guardian, if a minor is involved, either in person or by phone if witnessed by a licensed staff member.
  - c.** Any person, or educational institution, with written authorization from the person who would otherwise have the power.
  - d.** The court having jurisdiction of the patient.
  - e.** In some situations, a minor may give consent. See section on Consent and Treatment of Minors.
  - f.** Any adult family member (e.g., grandparent, brother, sister, aunt, or uncle), in the event that the parent or legal guardian cannot be located.
  - g.** The parent having custody of a child of divorced or separated parents, whenever possible.
- 3.** Consent - an Authorization for Treatment (Assignment and Release on Patient Registration



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Form) - must be signed by the patient, legal guardian, or authorized person responsible for the patient. The consent includes permission to treatment deemed necessary by the medical staff of FCC and release of information to third-party payers. The consent will be signed and dated by the patient. The original document will be scanned into the patient's registration section in the medical record. All patients will be given a copy of the FCC HIPAA Notice of Privacy Practices and a copy of the Patient's Bill of Rights will be made available to new patients.

#### **4. Involuntary Consent**

- a.** Involuntary consent refers to the patient who is unable to give consent because of a physical or mental impairment. The source of consent varies among the states but is generally in the following order:
  - i.** Spouse (legally married)
  - ii.** Spouse (common law)
  - iii.** Parent
  - iv.** Adult child
  - v.** Adult sibling
  - vi.** Adult uncle, aunt or grandparents
  - vii.** Court system
- b.** Special situations do exist under which involuntary consents are initiated. These might include treatment rendered in an abuse situation, treatment needed for a prisoner, or any consent obtained from the court system.

#### Refusal of Treatment

- 1.** Whenever a patient refuses medical care, laboratory test(s), or any other prescribed treatment, the staff member in conjunction with the medical provider will document in the patient's medical record the patient's treatment refusal.
  - a.** The medical practitioner recommending the treatment must be notified when a patient has refused medical care.
  - b.** When it is ascertained that the patient's refusal of the recommended treatment is a result of misunderstanding, it is the medical provider's responsibility to clarify any miscommunication with the patient.



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- c. After the medical provider has discussed the recommended treatment with the patient and the patient still refuses treatment, the following steps are to be taken:
- d. Should the patient refuse to sign the form or if the patient should depart the facility prior to the form being signed, the form can be completed; outlining what circumstances prevented the signing of the form by the patient, and scanned into the patient's medical record. A witness should acknowledge this documentation by co-signing.