SECTION: **HEALTH INFORMATION MANAGEMENT**

SUB SECTION: **PATIENT RIGHTS**

SUBJECT: **CONSENTS, GENERAL**

APPROVED BY: _____
Department Manager

I. POLICY

It is the policy of Arrowhead Regional Medical Center (ARMC) to obtain consents when providing services that involve patient care. ARMC will be utilizing electronic consent forms built within the electronic health record system.

A. The following must be described on the consent:

1. The specific care, treatment, and services that require the consent.
2. Circumstances that would allow for exceptions to obtaining the consent.
3. The process used to obtain the consent (i.e. signature pad, tablet, paper/manual, etc.)
4. The licensed practitioner permitted to conduct the consent in accordance with law and regulation.
5. The consent is documented in the patient record (i.e., scanned in, digitally signed, or as documented on a clinician's note, etc.).
6. When a surrogate decision maker may give consent.
7. Qualified medical interpreter, if appropriate.

II. RATIONALE

Obtaining consent presents an opportunity to establish a mutual understanding between the patient and the licensed practitioner about the care, treatment, and services that the patient will receive. Consent is not merely a signed document. It is a process that considers patient values, preferences, complies with law and regulation and includes patient education. The patient must be made aware of the reasonable and likely risks, benefits, and alternatives to obtaining and/or forging a proposed treatment. Utilizing the consent process helps the patient to participate fully in decisions about their care, treatment, and services.

The Health Information Management (HIM) department governs the building and maintenance of consents in collaboration with the department users/owners. Questions on specific consents pertaining to the service line should be directed to their Hospital Administrator or consult with their governing body or professional affiliation. They will ensure that the required elements and language for their discipline are included.

III. PROCEDURES

Requests for new or revised consents will be directed to the Forms Committee who oversees forms and documents used in the hospital via HIM. They will collaborate with the Requestor/Owner and Clinical Informatics who will build the consent in the electronic health

record system (EHR). Service lines and specialized procedures may have different elements pertaining to the service being rendered. The general consent elements may be the similar, however, the specialized consent may require specific language based on the discipline or service. For example, Consent/Refusal for Blood and Blood Alternatives vs Consent/Refusal for Elective Transfusion.

IV. OBTAINING CONSENTS

Obtaining consent is a communication process. While documentation is required, the ultimate goal of patient understanding must also be met.

A. Who May Consent

1. It may be presumed that an adult patient (age 18 years or older) has the right and capacity to consent unless there is evidence to the contrary. Only competent adults (age 18 years or older) and/or their legally authorized representative may provide consent.
2. Parents and/or legal guardians should consent for the treatment of minors. For instances in which minors may consent to treatment, please refer to the California Hospital Association (CHA) Consent Manual.

B. Capacity to consent – The patient (or legal representative) must have the perceived ability or capacity to understand the purpose and effect of the decision to be made and the form to be signed. The treating practitioner(s) may make this determination.
C. Consent Must be Knowingly Made and Freely Given – To be effective, consent mut be made knowingly and given freely. Consent must not be obtained through the exercise of duress, undue influence or coercion.
D. The Nature of Consent – Consent may be expressed (a clear oral or written statement such as a signed consent form) or implied. Implied consent may be based on facts or implied by law.
E. Consent Evidenced in Writing – Patient consent should be documented in writing. The “Conditions of Admission” form and “Conditions of Outpatient Registration" form contain a clause that documents the patient’s consent to uncomplicated procedures such as routine blood tests, X-rays, nursing and other services that may be performed during the patient's hospitalization, outpatient visit, or emergency room treatment. These simple and common procedures require only “simple” consent, not “informed” consent.

V. ELEMENTS OF INFORMED CONSENT

The patient must be informed of:

A. The nature and/or explanation of the procedure;
B. The risk, complications, and expected benefits or effects of the procedure including its likelihood of success;
C. Any alternatives to the treatment and their risks and benefits (including the alternative of deciding not to have the procedure)

VI. The Role of Clinicians and Departments – Refer to Administrative Policies and Procedures (ADM) 640.01 v7 Consents-Management of

VII. Cadence for review and revision – The consent owner or department/specialty will review and revise the document regularly at the same time as policy and procedure or as needed due to survey, law, rules and regulations update specific to the service line. They will also coordinate with Education Department for any training needed.

VIII. Emergency Consent

A. Pursuant to the state law, treatment may be initiated without informed consent if there is documentation within the patient's record that an emergency exists, where there is an unanticipated condition in which immediate action is necessary for preservation of life or the prevention of serious bodily harm to the patient, and it is impracticable to obtain the required consent. This action must be within the practitioner's general standard of care.

REFERENCES: **California Code of Regulations, Title 9, §784.29 Informed Consent to Medical Treatment**
Joint Commission Standards
California Hospital Association Consent Manual
American Medical Association
ADM Policy No. 640.01 v7 – Consents, Management of

DEFINITIONS: **Requestor/Owner – for the purpose of this policy the person will be the subject matter expert of the procedure or request and will provide the regulatory requirements from their professional affiliation or primary source for that service**

Informed Consent – Required when a more complicated medical treatment or surgical procedure is undertaken. In this case, a separate form should be completed.

Capacity – Per CHA, means a person's ability to understand the nature and consequences of a decision and to make and communicate a decision, and includes in the case of proposed health care, the ability to understand its significant benefits, risks, and alternatives.

ATTACHMENTS: **N/A**

APPROVAL DATE:

09/17/24	**Leah Beck, HIM Director** Department/Service Director, Manager or Supervisor
09/17/24	**Health Information Management Committee** Applicable Administrator, Hospital or Medical Committee
02/26/25	**Patient Safety and Quality Committee** Applicable Administrator, Hospital or Medical Committee
05/28/25	**Quality Management Committee** Applicable Administrator, Hospital or Medical Committee
03/27/25	**Medical Executive Committee** Applicable Administrator, Hospital or Medical Committee
12/16/25	**Board of Supervisors** Approved by the Governing Body

REPLACES: **N/A**

EFFECTIVE: **03/27/25**

REVISED: **N/A**

REVIEWED: **N/A**