



Rancho Los Amigos National Rehabilitation Center

ADMINISTRATIVE POLICY AND PROCEDURE

SUBJECT: CONSENT FOR MEDICAL TREATMENT

Policy No.: B504

Supersedes: March 19, 2018

Revision Date: May 5, 2022

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PURPOSE:

To ensure that appropriate medical consent is obtained before treating patients.

POLICY:

The hospital may not permit any treatment unless the patient or a person legally authorized to act on the patient's behalf has consented to the treatment. The exception to this is treatment of a medical emergency.

The "Conditions of Admission/Clinic Visit Form" (COA Form) also known as "General Consent Form" must be signed by the patient or surrogate decision maker/legal guardian upon each inpatient admission or as soon thereafter as possible. The COA Form must also be signed during the first clinic visit which is valid for up to one year.

The COA covers medical consent for procedures and treatments including but not limited to physical exams, laboratory and other tests, x-rays, pain relief, routine/simple nursing, surgical, and other medical services, procedures, and treatments. "Informed Consent" is required for complicated procedures.

Patients, who are unable to comprehend information in English, shall be properly informed in their preferred language about the recommended procedures, the consent being given, and its implications.

PROCEDURE:

1. If the patient does not have mental or medical capacity, it is recommended that information on patient's surrogate decision maker is obtained prior to patient's admission to the facility and communicated to unit personnel.
2. Admissions: The inpatient Admitting Unit staff will be responsible for ensuring that a "Conditions of Admission/Clinic Visit Form" (COA) is signed for all patients admitted to the facility.
3. Clinic Visits: The designated Ambulatory Care staff will be responsible for ensuring that a COA is signed for patients prior to being seen by a provider at their first clinic appointment.

EFFECTIVE DATE: January 1, 1982

COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES

APPROVED BY:

4. If the patient is unable to provide consent (lacks capacity or a minor), Admitting Unit staff will contact the person legally responsible (i.e. surrogate decision maker/legal guardian) for the patient to sign the COA at time of admission or as soon thereafter as possible. If legal guardian signs the COA, Admitting Unit staff is to document the reason patient was unable to sign (i.e. patient is a minor, etc.)

NOTE: Legal documentation should be scanned into the patient's medical records (ex. Foster Care, Custody, etc.).

5. Below are additional guidelines for patients or surrogate decision makers who are unable to sign the consent. If the electronic consent is not able to be utilized, the consent may be printed in order to perform the following steps:
- a) An adult patient with capacity but unable to sign the consent may:
 - Place an "X" on the signature line and staff writes patient's name next to the mark.
 - Provide verbal consent. Staff may write "verbal consent" followed by patient's name. Two staff witness signatures are recommended to witness the verbal consent.
 - b) A surrogate decision maker may provide verbal or telephone consent. Staff writes "verbal consent" or "telephone consent" followed by surrogate decision maker's name on the signature line. Two staff witnesses are recommended for this process. When the surrogate decision maker comes to the hospital, the surrogate decision maker may sign the electronic or printed consent, witnessed by one staff.
 - c) If the patient does not have capacity and there is no identified surrogate decision maker, staff may write "patient unable to consent, see notes." Document in patient's medical records actions taken to find next of kin (For example, referral to social work, or family member on record contacted by phone, etc.).
6. Printed COA forms must be placed in the patient's medical record.

NOTE: If there are questions involving the signing of COA, the Risk Manager, or Administrative Nursing Supervisor should be contacted.

REFERENCE: Department of Health Services, Policy No. 314
Probate Code Section 4609 and 4670
California Hospital Association Consent Manual 2021

CM: 8/2/13
RB: AL: CM 11/13/14
CM: 3/19/18
CM:2022