

HARBOR-UCLA MEDICAL CENTER

SUBJECT: INFORMED CONSENT BY TELEPHONE,
FACSIMILE, LETTER, TELEGRAM AND E-MAIL

POLICY NO. 604B

PURPOSE:

To obtain consent for medical or surgical treatment by telephone and documented by facsimile, letter, telegram or e-mail.

POLICY:

Consent for medical or surgical treatment may be obtained by telephone and documented by facsimile, letter, telegram or e-mail only if the person(s) having legal capacity to consent for the patient are not otherwise available in person.

Persons with legal capacity to consent for the patient may be an individual identified by an advance directive (See Policy No. 129 "Advance Directives"), a conservator granted authority to consent to medical treatment, a legal guardian or the patient's closest living relative.

During the telephone conversation, the responsible provider must, to the extent possible, provide the patient's legal representative with the information the provider would disclose if the person were present. Telegrams may be used in limited situations when telegraphy is the only means of communicating with the person legally able to consent for a patient.

PROCEDURE:

I. TELEPHONE DISCUSSION WITH PATIENT REPRESENTATIVE

A. Provider Responsibility

1. The provider should follow the standard protocol for obtaining consent for medical treatment. Depending upon the type of treatment to be provided, the provider may be required to discuss the nature of the treatment, its risks and benefits, alternatives and their risks and benefits, and the consequences of refusing the treatment (see Policy No. 604A "Informed Consent").
2. The provider must inform the patient's legal representative that the other individual (if applicable) is on the phone.
3. The provider should sign and date the consent form applicable for the procedure and document the exact time and nature of the consent and the fact that it was obtained by telephone.
4. The provider also should document the discussion with the legal representative in the progress

EFFECTIVE DATE: 7/21/86

SUPERSEDES:


REVISED: 9/89, 2/05, 1/14, 6/18, 2/20

REVIEWED: 8/86, 8/89, 10/92, 2/96, 2/99, 2/02, 2/14, 7/17, 6/18, 2/20

REVIEWED COMMITTEE: Professional Staff Association Review Committee

APPROVED BY:


 Kim McKenzie, RN, MSN, CPHQ
 Chief Executive Officer


 Anish Mahajan, MD
 Chief Medical Officer


 Nancy Blake, PhD, RN, NEA-BC, FAAN
 Chief Nursing Officer

HARBOR-UCLA MEDICAL CENTER

**SUBJECT: INFORMED CONSENT BY TELEPHONE,
FACSIMILE, LETTER, TELEGRAM AND E-MAIL**

POLICY NO. 604B

notes and include the individual's relationship to the patient and the circumstances requiring telephone consent.

II. DOCUMENTATION OF CONSENT BY FACSIMILE OR LETTER FROM PATIENT REPRESENTATIVE

Whenever possible, the patient's provider should use e-mail, facsimile or letter to confirm telephone consent. The patient's provider can use facsimile to transmit written information to the person who gives consent (in accordance with "Informed Consent" Policy No. 604A). The person who gives consent can use e-mail, facsimile or letter to send written verification of the consent given. A copy of the e-mail, facsimile or letter should be placed in the medical record.

Care should be taken to ensure that confidential information transmitted in this manner is handled appropriately. (See Policy No. 623 "Transmission of Medical Records by Facsimile/Telecopier Or Other Electronic Means"). Upon determination of necessity by the Attending Physician or designee and/or Medical Records Director/designee, confidential information, including PHI may be electronically transmitted to other health care providers in accordance with the Medical Center's release of medical information policy as follows:

1. Complete FAX cover letter (Appendix 1).
2. Call and advise the requestor when ready to transmit the information. Verify his/her identity. Verify the Fax number. Request that s/he stand by the receiving machine to intercept documents.
3. Transmit FAX cover letter and confidential information to receiving party.
4. Call the receiving party to confirm receipt of documents.
5. Scan original of the FAX cover letter, the Consent to Release of Medical Information and the transmission confirmation into the patient's medical record.

A. Information in the Facsimile Transmission or Letter

1. The facsimile transmission or letter should include the following information:
 - a. The name of the patient.
 - b. The fact that the patient representative spoke with a treating physician.
 - c. The date of the conversation and the name of the provider spoken to.
 - d. Confirmation of granting permission for the procedure/treatment.
 - e. The name of the patient representative and his/her relationship to the patient.

B. Confirming Consent by Facsimile or Letter

Facsimiles are widely used for the transmission of documents from one point to another. As with other instances in which original documents are not available or personal contact is not possible, it is important to verify the identity of the person sending the facsimile transmission. If this can be done, then facsimile reproductions may be useful in the consent process.

Whenever possible, it is advisable to have the original of all signed consents sent to the hospital later.

C. Maintenance of Consent Documentation

Messages, directions or consent forms received by the hospital via facsimile should be handled as important business records and should be placed together with transmittal cover sheets in the patient's medical record.

HARBOR-UCLA MEDICAL CENTER

SUBJECT: INFORMED CONSENT BY TELEPHONE,
FACSIMILE, LETTER, TELEGRAM AND E-MAIL

POLICY NO. 604B

III. OBTAINING CONSENT BY TELEGRAM OR E-MAIL

In limited situations, telegram or e-mail may be a means of communicating with the person who is legally able to consent for a patient.

A. Requesting Consent by Telegram or E-mail

1. The responsible provider should make the request for consent by sending a message stating, to the extent practical, the following:
 - a. The reason for and nature of the treatment.
 - b. The risks and benefits.
 - c. The alternatives.

B. Granting Consent by Telegram or E-mail

1. The person giving consent shall include the following information in his/her telegram or e-mail documenting consent:
 - a. The name of the patient.
 - b. Confirmation of the patient’s representative granting permission for the procedure/treatment. The fact that permission to treat is granted based on the message from the treating provider.
 - c. The date of the treating provider’s name and the date of his/her message.
 - d. The name of the patient’s representative and his/her relationship to the patient.

C. Maintenance of Consent Documentation

A copy of the e-mail sent to the patient/provider along with the e-mail containing the above information should be placed in the patient’s medical record.

IV. CONSULTATION

For assistance in specific cases, contact the Office of Risk Management at extension 66330.

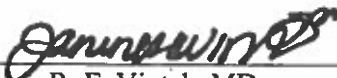
REFERENCES:

Harbor-UCLA Medical Center Hospital and Medical Administration Policy No. 129 “Advance Directives.”

Harbor-UCLA Medical Center Hospital and Medical Administration Policy No. 604A “Informed Consent.”

Harbor-UCLA Medical Center Hospital and Medical Administration Policy No. 624 “Transmission of Medical Records by Facsimile/Telecopier or Other Electronic Means.”

Revised and Approved by:
Medical Executive Committee - 2/2020:



Janie R. E. Vinich, MD
President, Professional Staff Association

LOS ANGELES COUNTY

DEPARTMENT OF HEALTH SERVICES

Harbor-UCLA Medical Center
1000 W. Carson St.
Torrance, CA 90509

FAX COVER SHEET

Date Transmitted: _____ Time Transmitted: _____

Number of Pages (including cover sheet): _____

TO: _____ Fax #: _____

Facility: _____ Telephone #: _____

Address: _____

FROM: _____ Fax #: _____

Telephone #: _____

Comments:

The information contained in this facsimile is privileged and confidential and is intended only for the use of the recipient listed above. If you are neither the intended recipient nor the intended recipient responsible for the delivery of this information, you are hereby notified that the disclosure, copying, use or distribution of this information is strictly prohibited. If you have received this transmission in error, please notify us immediately by telephone to arrange for the return of the transmitted documents to us or to verify their destruction.

Please contact _____ at _____ to verify receipt of this Fax or to report problems with the transmission.

I verify the receiver of this Fax has confirmed its transmission:

Name: _____ Date: _____ Time: _____
DHS Representative