



# Rancho Los Amigos National Rehabilitation Center

## ADMINISTRATIVE POLICY AND PROCEDURE

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**SUBJECT: INFORMED CONSENT**

**Policy No.: B519**

**Supersedes: June 2011**

**Revision Date: November, 17, 2014**

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### PURPOSE

To ensure patients undergoing complex diagnostic or therapeutic procedure are provided with information necessary to give permission and sign an informed consent prior to treatment

### POLICY

The treating practitioner shall obtain a specific informed consent for complex procedures including but not limited to surgery in the OR, anesthesia, blood transfusions, and advanced invasive procedures outside the OR

A complete informed consent process must include:

- Nature of the proposed care, treatment, services, medications, interventions or procedures;
- Potential benefits, risks, or side effects, including potential problems that might occur during recuperation;
- Likelihood of achieving goals;
- Reasonable alternatives;
- Relative risks, benefits, and side effects related to alternatives, including the possible result of not receiving care, treatment and services;
- When indicated, any limitations on the confidentiality of information learned from or about the patient; and
- Any potentially conflicting interests, such as research or financial interests.

Except in the case of medical emergencies, no medical care shall be provided at Rancho Los Amigos National Rehabilitation Center unless appropriate consent has been obtained from the patient or from the patient's legal representative.

In the case of a medical emergency, treatment may proceed without the patient's consent if no evidence exists to indicate that the patient or the patient's legal representative would refuse the treatment. A medical emergency condition exists when:

- Immediate services are required for the alleviation of severe pain; or

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EFFECTIVE DATE: July 5, 2011

COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES

APPROVED BY:

- Immediate diagnosis and treatment of unforeseeable medical conditions are required, if such conditions would lead to serious disability or death if not immediately diagnosed and treated.

### **Definitions**

**Practitioner**—The practitioner is defined as any physician, dentist, podiatrist, or mid-level provider such as Certified Registered Nurse Anesthetist, Registered Nurse Practitioner, and Physician Assistant who has been granted specific clinical privileges to perform the treatment or procedure involved.

**Decision-Making Capacity**—The adult patient presenting him or herself for treatment is assumed to have decision-making capacity unless there is evidence to the contrary. The primary care is responsible for determining the patient's decision-making capacity

The adult patient demonstrates decision making capacity when he/she is able to understand the given information about diagnosis, treatment, and relationship of the proposed treatment to his/her medical condition; is able to evaluate the risks, benefits, and alternatives of the proposed treatment and to make choices with appropriate reasons; and is able to communicate his/her choice from the treatment options.

Minors (under 18 years of age) may give consent for medical care if one of the following conditions applies:

- Minors on active duty with the United States Forces
- Emancipated minor
- Minors under 18 years of age, married or previously married
- Self-sufficient minors over the age of 15, not living at home, managing own financial affairs

**Informed Consent**—A practitioner must explain the nature of the treatment, the risks, possible complications, expected benefits, or effects of the treatment, the likelihood of the patient achieving his or her goals, and any potential problems that might occur during recuperation. The practitioner must explain any alternatives to the treatment, including refusal of treatment, and the risks and benefits of each.

**Note:** Contact Risk Management for any consent related questions.

## PROCEDURES

It is the treating physician's responsibility to obtain informed consent. The duty to provide the information necessary to secure the patient's informed consent, and respond to the patient's questions concerning the proposed procedure, is the exclusive duty of the treating physician or the legally authorized designee. Informed consent must be obtained for procedures that are not covered in the general consent or conditions of admissions form.

The physician obtaining the patient's informed consent shall also document, with a signed and dated note in the medical record: that a discussion was held with the patient or his/her legal representative; the patient or his/her legal representative fully understood the nature of the procedure, including the risk and benefits of agreeing or refusing the procedure; and that informed consent was obtained.

All interpreters are required to interpret the exchange of information between the patient and physician as it relates to the signing of the informed consent. This may include the oral interpretation of the information on the consent form/documents, if it is not printed in the patient's native language and time does not permit such a printing.

The iMed informed consent program and associated printed form shall be used when informed consent is required. The iMed consent form will include the name of the practitioner performing the procedure and, if applicable, that other physicians or staff, including residents, will be performing tasks related to the procedure.

The time and date on the form should be the time and date the form is signed by the patient or the patient's legal representative, not the time and date of the procedure or operation.

One person should serve as a witness when the patient or the patient's legal representative signs the form.

The original signed iMed consent form shall be placed in the patient's medical record and a copy given to the patient.

The informed consent must be made knowingly and given freely. The patient must be conscious and competent to understand the purpose and effect of the decision to be made and the form to be signed.

When a person other than the patient signs the iMed consent form, the relationship to the patient should be noted.

If the patient's inability to sign is due to a temporary condition, informed consent from the patient should be attempted when the patient is able.

A consent remains effective until the patient revokes it or until circumstances materially change. In such a situation, informed consent would need to be re-obtained.

Consent should be obtained by telephone only if the person having the legal ability to consent for the patient is not otherwise available. If telephone consent is used, the physician must provide the patient's legal representative with all of the information the physician would disclose if the person were physically present. The iMed form shall also be used during telephone consent. The telephone discussion should be witnessed by a second employee and noted on the iMed form. The patient's legal representative must be informed that two hospital employees are on the phone.

If a patient or legal representative cannot communicate with the physician because of language barriers, the physician must utilize an interpreter. The physician must also ensure that the Translator Attestation Form is completed.

If the patient or their legal representative is physically unable to write his or her name, the person's mark must be obtained. This is done by the physician first writing the person's name in full and then having the person place an "X" beneath it.

Two staff members must witness the signer place his or her mark on the consent form and then must sign the consent form themselves as witnesses. If a patient or their legal representative is physically unable to place a mark, two staff witnesses must verify that the patient has given verbal consent.

The principles set forth in the California Hospital Association Consent Manual shall serve as guidelines for obtaining and documenting appropriate consent for medical treatment and/or procedure.

**GUIDE:** California Hospital Association Consent Manual 2014

**REFERENCES:** DHS Policy # 318, Non-English And Limited English Proficiency  
DHS Policy # 314, Informed Consents

Approved: MEC O& EC 11/2014

CM 11/2014