

Emergency Department E-Consent Tip Sheet



Completing the Electronic Consent Form:

1. Open a consent form on epic.

Go to **"Consent"** tab (can find in drop down menu under "more activities"):

The screenshot shows the Epic EMR interface for a patient named Ztest, Medicare. The 'More Activities' dropdown menu is open, and 'Consents' is highlighted. The main window displays the 'Summary' tab with various patient information and medical history.

Once you have opened the "Consent" tab, click on **"ED Transfer Forms"** which will open the consent form in a new window


The screenshot shows the Epic EMR interface with the 'Consents' tab selected. The 'ED Transfer Forms' link is highlighted in the 'Add new document' section. The main window displays the 'Consents' tab with a table of consent forms.

Emergency Department E-Consent Tip Sheet




2. **Fill in all free text boxes** BEFORE obtaining any signatures



Once you start collecting signatures these boxes cannot be altered.





Mount Sinai Health System
New York


Transfer Consent

Medical Condition:
Condition: ☐ Stable ☐ Critical 


Diagnosis:


Reason for Transfer/Benefit (Check all that apply):
☐ Expedite Bed Assignment ☐ Higher Level/Speciality Care ☐ Patient Preference 
☐ Continuity of Care

Other Reason for Transfer (if applicable): 

Risks:
All transfers have the inherent risks of traffic delays, accidents, bad weather, rough terrain or turbulence, and the limitations of equipment and personnel present in the vehicle if there is a change in my medical condition on the way to the facility.
Other risks including those related to the patient's medical condition (required but if not applicable, leave blank): 


Patient Consent to Transfer
The attending physician(s) or designee below have explained to me, in my preferred language, the potential risks and benefits of my transfer specific to my medical condition. I have been given the opportunity to ask questions and all of my questions have been answered to my satisfaction.

Patient



Signature of patient*

Guardian



Emergency Department E-Consent Tip Sheet



Provider

Witness

☐ Witnessed Patient confirming signature (check box if applicable)

Witness

Preferred Language Interpreter Name or Number:

namenumber

☐ Patient refused interpreter

☐ Telephone/Video Consent with Representative**(Check box if applicable)

Name of designee appointed by Attending Physician to explain the risks and benefits of transfer for the patient's medical condition if applicable:

printedname

3. Obtain Signatures

- Patient signs in the "Patient" box
 - If patient can not sign for themselves, family or HCP signs in the "guardian" box
- Witness signs in the "Provider" box
 - NOTE: There are two witness boxes. In most circumstances only one will need to be completed.
- Option to indicate if translator was used

Patient Consent to Transfer
The attending physician(s) or designee below have explained to me, in my preferred language, the potential risks and benefits of my transfer specific to my medical condition. I have been given the opportunity to ask questions and all of my questions have been answered to my satisfaction.

Patient

Signature of patient*

Guardian

Guardian/Representative**

Provider

Witness

☐ Witnessed Patient confirming signature (check box if applicable)

Witness

Preferred Language Interpreter Name or Number:

Emergency Department E-Consent Tip Sheet



Attending Physician signs in the attending section

Attendings can sign from their computer in any location

E-Signature Document Collector

Witness

Sign Here

Preferred Language Interpreter Name or Number:
Type here

☐ Patient refused interpreter

☐ Telephone/Video Consent with Representative** (Check box if applicable)

Name of designee appointed by Attending Physician to explain the risks and benefits of transfer for the patient's medical condition if applicable:
Type here

Attending Physician Certification of Transfer
I hereby certify that based on the information available to me at the time of transfer, to a reasonable degree of medical certainty, the expected medical benefits from the provision of appropriate care at another facility outweigh the risk to the individual or unborn child. I have confirmed that this patient/representative** is able to give informed consent. If the patient is unable to provide consent and does not have a representative**, a second attending physician has concurred with the appropriateness of the transfer (Complete FHCDA Form 3). I have explained the risks and benefits of the transfer to the patient/representative** specific to their medical condition. I have offered to answer any questions and have fully answered all such questions. In the event that I was not present when the patient signed the form, I understand the form is only documentation that the informed consent process took place. I remain responsible for having obtained consent from the patient.

Provider

Sign Here

*The signature of the patient must be obtained unless the patient is under the age of 18 or lacks capacity.
**Throughout this document, the term "representative" refers to a legally authorized representative or guardian.
MR-1752 (Rev. 4/2024) **NOTE: THIS DOCUMENT MUST BE MADE PART OF THE PATIENT'S MEDICAL RECORD.**
Medicare Zttest--T300989--08/23/2024 1:36 PM--MSH GP 11 CENTER-- 1 of 1

Edit Data Copy

On Accept send to: Patient | Accept Cancel

Emergency Department E-Consent Tip Sheet



Haiku/Canto

Consent form must be started on a desktop but **patient signature and witness signatures can be obtained via Haiku (iPhone/Android) or Canto (iPad)**

Steps to sign E-consents on Haiku:

A screenshot of the Epic Haiku mobile application interface. The top status bar shows the time as 1:19 PM on Monday, November 4, with a battery level of 61%. The app header is blue and displays patient information: "Test, Ruba", "M 30 y.o. (10/7/1994)", "MRN: H127381", and "Not on file | A 108B". Below the header, the "Summary" tab is selected, showing a list of medical problems: "HOSPITAL Rickets", "Fracture", "Current Medications", and "Allergies". Each problem has a "Mark as Reviewed" button. On the right side, there are sections for "Attending Provider" (Inpatient Attending, MD), "Additional Team Members" (Nurse Emergency, RN and Romona Tulloch, RN), "Patient Care Team" (No Care Team members found), "History" (Medical, Surgical, Family, and Social history, all marked as "Not on file"), "Demographics", and "Emergency Contacts". At the bottom, a navigation bar contains various icons, with the "Consents" icon highlighted by a red rectangle.

Emergency Department E-Consent Tip Sheet



1:19 PM Mon Nov 4

Test, Ruba
M 30 y.o. (10/7/1994) MRN: H127381
Not on file | A 108B
Rickets

Allergies Not on File

Consents

This Visit

Transfer Form

Not e-signed

Chart

Summary

Video Visit

Triage

Workup

My Note

Encounters

Results

Notes

Notes Entry

Problems

Media

Consents

Orders

Care Everyw...

Monitor

Flowsheets

Emergency Department E-Consent Tip Sheet



1:19 PM Mon Nov 4

...

60%

[Cancel](#) Transfer Form - This Visit

Transfer (if
applicable):



Risks:

All transfers have the inherent risks of traffic delays, accidents, bad weather, rough terrain or turbulence, and the limitations of equipment and personnel present in the vehicle if there is a change in my medical condition on the way to the facility.

Other risks including those related to the patient's medical condition (required but if not applicable, leave blank):

Type here

Patient Consent to Transfer

The attending physician(s) or designee below have explained to me, in my preferred language, the potential risks and benefits of my transfer specific to my medical condition. I have been given the opportunity to ask questions and all of my questions have been answered to my satisfaction.

Patient



Signature of patient*

Guardian



Guardian/Representative**

✓ Accept

Next Signature