

CONSENT TO TREATMENT**OPS.026**

Approved By: Chief Operations Officer	Adopted Date: 9/04/02
Distribution: All ODCHC Staff	Revision Date(s): 3/03, 3/12, 6/1/12

PURPOSE:

To define policies for obtaining patient consent to treatment.

POLICY:

1. Each patient requesting services at an ODCHC site must have a signed Consent to Treatment form on file prior to receiving services.
2. ODCHC utilizes several types of consent documents, depending upon the type of consent:
 - a. Form #6A: Adult Patient (consenting for his or her own care)
 - b. Form #6A (reverse): Parent/Guardian Consenting for Minor Patient
 - c. Form #6B: Minor Patient (consenting for limited services)
 - d. Form #6B (reverse): Minor patient (emancipated minor)
 - e. Form #6C: Adult consenting for Minor patient under special circumstances (including advance authorization for third party consent, caregiver's authorization affidavit, and telephone consent)
 - f. Form #6M: Mobile Dental Consent

Each document is available in both English and Spanish.

Each document outlines the circumstances in which it should be used.

3. ODCHC requires one consent for a patient's electronic medical record (that is, a patient visiting multiple sites or departments is asked to complete only one consent for placement in the EMR).
4. A new consent must be completed under the following circumstances:
 - a. A different individual is authorizing services, for example:
 - i. a minor self-presents for confidential services, even though he or she has an active medical chart with a valid parental consent
 - ii. guardianship of a child changes and a new individual will routinely be consenting for care
 - b. When a minor patient reaches age 18
5. Special Instructions for Use of Form #6C: Form #6C is not a consent form. It is used in addition to a regular consent form in special circumstances, as follows:
 - a. Authorization for Third Party Consent: The parent/guardian that grants third party authorization must also have completed a regular Consent to Treatment (Form #6A reverse) for the patient.
 - b. Caregiver's Authorization Affidavit: The caregiver filing the affidavit must also complete a regular Consent to Treatment (Form #6A reverse) for the patient. The affidavit certifies that the caregiver, though not the parent or legal guardian, meets legal criteria to consent to treatment for the minor.
 - c. Telephone Consent: The parent/guardian that grants third party authorization must also have completed a regular Consent to Treatment (Form #6A reverse) for the patient.
6. Special Instructions for Adult patients not consenting for their own services: In the event that an adult patient is under conservatorship or otherwise designated as lacking the capacity to consent to health care services, the following must be obtained:
 - a. A standard consent form (#6A), signed by the legal representative. The representative signs and prints his or her name on the form. The form should also include the full name and medical record number of the adult for whom consent has been granted.

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- b. A copy of the document that legally authorizes the above-noted individual to consent to care. This may be a certified letter of conservatorship, valid power of attorney for health care, or court order. The document must specifically authorize the designated individual to make health care decisions.
7. It is the responsibility of front office staff to obtain consent to treatment forms prior to the provision of care. In some circumstances, however, a clinician may become aware that additional consent is required (for example, if it becomes clear that the adult accompanying a minor patient is not the parent or legal guardian). Clinicians are expected to have a general understanding of consent requirements, and to assist in obtaining additional consent in special circumstances.
8. Each consenting party has authorization to access only those records directly related to the care for which he or she consented. Each site shall establish a mechanism for distinguishing between confidential services provided under a minor's consent and general medical services to which the parent or guardian consented, in all such medical records that combine these two types of care.

Approved:

Cheyenne Spetzler
Chief Operations Officer*Attachments:**ODCHC Form #6A: Consent: Adult Patient or Minor Patient - Standard**ODCHC Form #6B: Consent: Minor Self Consent**ODCHC Form #6C: Consent: Minor Special Circumstances**ODCHC Form #6M: Consent: Mobile Dental Services**Table of Minor Consent Rules: California Healthcare Association Consent Manual*