



Ambulatory Clinic Policy and Procedure

Title: INFORMED CONSENT	Policy Number: 6.21
Regulation Reference: Texas Administrative Code, Title 25, Part 7	Effective Date: 6/2007

Policy Statement:

It is the policy of Texas Tech University Health Sciences Center (TTUHSC) School of Medicine (SOM) to respect patient autonomy. Respect is evidenced through obtaining the patient’s written consent before initial examination or treatment is performed.

Consent for treatment will be valid and remain in effect as long as the patient seeks health care in the TTUHSC ambulatory clinics, unless revoked by the patient in writing with such written notice provided to each clinic attended by the patient.

DEFINITIONS:

“Consent” Authorization for treatment or care given by the patient to a healthcare provider.

“Informed Consent” Permission given by the patient to a healthcare provider to perform certain procedures, treatments or care after having been advised of the risks and hazards inherent in the procedure, treatment of care that could influence a reasonable person in deciding whether or not to consent.

Informed consent is a process and not simply a documentation form. Informed consent may be an ongoing process when additional information becomes available to the physician and is shared with the patient.

Scope and Distribution:

This policy applies and will be distributed to all TTUHSC School of Medicine Clinics, also known as Texas Tech Physicians.

Procedure:

1. Who May Consent: (Attachment A)
2. Clinic Visits – Consent to Treat Form (Attachment B)
 - a. The Consent to Treatment form should be signed by the patient at the first clinic visit. It should be dated, witnessed and placed in the medical record. A Spanish version is available (Attachment B-1).
 - b. If the patient refuses to sign the consent form the Professional Liability/Risk Management office should be called. The patient should not be examined or treated until a consent form has been signed with the exception of an emergency.
 - c. There may be some situations in which a minor requires *immediate treatment* but a parent or guardian cannot be located. This form (attachment C) may be used or the same information documented in the medical record.
3. **Statutory Medical and Surgical Procedures Consent Form (Attachment D)**
 The Texas legislature through the Texas Medical Disclosure Panel has determined the requirements for disclosure by the physician on a medical or surgical consent form. These requirements are a minimum standard. Depending on the procedure, there may be specific risks that **must** be disclosed (see List A procedures, attachment D). The specific risks that **must** be



Ambulatory Clinic Policy and Procedure

listed on the consent form are outlined in the Texas Medical Disclosure Panel-List A. List A procedures require at a minimum, **all** the risks are outlined.

There may be no specific risks that must be disclosed (see List B procedures, attachment D). For List B procedures and procedures not found on either list, the physician must disclose the possible risks that a “reasonable patient” would want to know before giving consent for the procedure. These should be based on accepted medical standards. The generic, statutory form (see attachment E) can be used to obtain proper informed consent by inserting the risks. Each department or campus may create specialized consent forms for their patient population as long as the minimum disclosures required by law are included.

The physician may request that a consent form be signed for any medical or surgical procedure performed in the clinic, in which documentation of the patient’s informed consent is felt to be appropriate.

If a medical or surgical procedure is to be performed in the hospital, informed consent may be obtained in the clinic and the appropriate pre-printed List A statutory disclosure form obtained from a source at the affiliated hospital containing all the required disclosures which can then be sent to the hospital surgery department. The physician may always add to the list of risks, as appropriate.

Approval Authority:

This policy shall be recommended for approval by the Joint SOM Policy Committee to the Regional Deans with final signatory authority by the Dean, School of Medicine.

Responsibility and Revisions:

It is the responsibility of the Joint SOM Policy Committee to review and initiate necessary revisions based on collaboration and input by and through Quality Improvement/Performance Improvement and Risk Management. Administrative and technical management of this policy, including web site maintenance, will be the responsibility of the Lubbock Office of Performance Improvement.

Attachments to this policy:

- | | |
|---|--|
| A Guidelines: Who May Sign for Consent | D Texas Medical Disclosure Panel List A |
| B General Consent to Treatment-English | D1 Texas Medical Disclosure Panel List B |
| B1 General Consent to Treatment-Spanish | E Generic Medical/Surgical Procedures Consent-English |
| C Alternative Consent for Minor by Non-Parent | E1 Generic Medical/Surgical Procedures Consent-Spanish |

Policy Number: 6.21	Original Approval Date: 8/2001
Version Number: 3	Effective Date: 6/2007
Signatory approval on file by: Steven L. Berk, MD Dean, School of Medicine	