

Ambulatory Clinic Policy and Procedure

Title: CONSENT TO TREATMENT	Policy Number: EP 6.15
Regulation Reference: Texas Administrative Code, Title 4, Chapter 313 Texas Administrative Code, Title 4, Chapter 313; Subchapter D, Chapter 166; Subtitle P, Title 2; Chapter 32; Chapter 773; Chapter 241	Effective Date: 4/2019

Policy Statement:

It is the policy of the Texas Tech University Health Sciences Center El Paso (TTUHSC El Paso) to respect patient autonomy. Respect is evidenced through obtaining the patient's written consent before initial examination or treatment is performed. The purpose is to obtain voluntary and informed consent from all patients or their legally authorized representative prior to the start of any care, treatment, or service. This allows the patient to participate in care, treatment or service decisions.

Scope and Distribution:

This policy applies and will be distributed to all Texas Tech Physicians of El Paso ambulatory clinics.

Definitions:

1. "Consent" – Authorization for treatment or care given by the patient to a health care provider.

Procedure:

1. Who May Consent: See attachment 6.15A, Consent for Treatment Guidelines, Who May Sign for Consent.
2. Clinic Visits:
 - a. The patient or legal representative must sign a Consent to Treatment agreement prior to being examined or receiving treatment with the exception of an emergent condition.
 - b. The signed document must be dated and entered in the medical record.
3. There may be some situations in which a minor or incapacitated adult requires immediate treatment but a parent, managing conservator, guardian or power of attorney cannot be located. The Texas Administrative Code, Title 4, Chapter 313 and Consent for Treatment Guidelines, Who May Sign for Consent will be followed in these situations.
4. Length of Time Consent is in Effect: The Consent to Treatment/Health Care Agreement will be valid and remain in effect as long as the patient seeks health care in the TTUHSC El Paso ambulatory clinics, unless revoked by the patient in writing with written notice provided to each clinic attended by the patient. Periodic review to update the patient information or apply revisions of the consent form will occur and may require a new signature.

Policy Number: EP 6.15	Original Approval Date: 07/2016
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Signatory approval on file by: Juan Figueroa, MD Clinic Operations Committee, Chair Director of Clinical Operations Paul L. Foster School of Medicine	