CHAPTER 46
Consent: Surgical, Special Diagnostic, or Therapeutic Procedures

I. POLICY
The patient unit health record (UHR) shall reflect that the patient's informed consent was obtained by the clinician prior to the initiation of any "complex" treatment or procedure. The documentation shall show that the health care staff obtained the patient's acknowledgment that the clinician explained the nature of the procedure, its expected benefits, risks, and possible alternatives and that the patient has made an informed treatment choice to proceed with the suggested mode of treatment. The documentation shall show that the patient was referred to the clinician when it appears that the patient had significant questions.

Health care staff shall verify and provide written evidence of the patient's acknowledgment of giving "informed consent" to the clinician for the proposed treatment or procedure. The patient shall be requested to date and sign the acknowledgment form, "Informed Consent to Surgical, Special Diagnostic, or Therapeutic Procedures." The patient's acknowledging signature on the CDC consent form shall serve to provide two informational items: 1) assuring that the clinician obtained the patient's informed consent for the contemplated treatment or procedure; 2) indicating that the patient is aware of his right to give informed consent or informed refusal to recommended treatment. The role of HRS in the Informed Consent process is limited to verifying that the informed consent was obtained from the patient by the clinician.

II. PROCEDURE
A. The clinician shall:
   1. Record the informed consent discussion in the progress notes. CDC Form 7230
   2. Enter the date and time of the discussion.
   3. Record sufficient information to provide the essence of the discussion with the patient.
   4. Record the patient's decision to proceed with, or refrain from, receiving medical treatment.
   5. Sign the note with name and professional title.
B. Health Care Staff shall:
   1. Use the Informed Consent to Surgical, Special Diagnostic, or Therapeutic Procedures Form to record that the clinician has obtained the patient's informed consent.
   2. Complete the standardized form:
      a. Enter the full name of the patient: first, middle, and last.
      b. Enter the full name of the clinician(s).
c. Enter the medical terminology for the procedure and describe the recommended procedure in lay terms.
3. Have the patient sign and date the specialized consent form attesting that:
   a. The material information was received and understood.
   b. Informed consent was given.
4. Place the original form in the patient's UHR.
5. Provide the patient with a copy of the completed informed consent form.