



Patient Label

DOCUMENTATION OF INFORMED CONSENT

1. My doctor and I have discussed my condition and his/her recommended treatment. No guarantees or promises have been made to me that the recommended treatment or operation will improve my condition.
2. I understand the doctor believes I have the following condition: _____ and that the recommended treatment or procedure is:
Bronchoscopy – looking into the airways with a lighted scope and taking pieces of tissue if indicated.
3. The doctor has explained to me the purpose of this treatment or procedure and how it is generally carried out. The doctor has also explained other ways of treating my condition and I have decided to have the treatment or operation described in paragraph 2.
4. I understand that all operations involve general risks such as bleeding, infection, allergic reaction, problems with my heart or blood pressure and even death. The doctor has explained these general risks and specific risks and possible side effects of this treatment or procedure, described in paragraph 2, including: **Risks include infection, bleeding, lung collapse and adverse reaction to medications.**
5. I understand The University of Kansas Hospital is a teaching hospital and that, under the supervision of my doctor, resident physicians and other learners may be observing or assisting in my treatment or procedure and may assist in opening and closing, dissecting tissue, and/or removing tissue. I also understand that nurses and other health care workers will be caring for me during my treatment or procedure.
6. I agree to administration of anesthesia under the direction of the staff anesthesiologist, as he or she believes advisable for the operation or procedure I am having.
7. The doctor has explained that sometimes during an operation it is discovered that additional procedure or surgery is needed immediately. If I need such additional procedure or surgery during my procedure, I permit the doctor to proceed.
8. I understand that I may need blood during my operation. I understand the risks of receiving blood and the alternatives to receiving blood and agree to receive blood that the doctor believes is medically necessary.
9. I agree that anything removed from me during the treatment or operation may be used for teaching or diagnosis or disposed of by the hospital as usual.
10. I have had the chance to ask questions and my questions have been answered to my satisfaction.

I give permission for _____ to perform the recommended treatment or procedure described in paragraph 2.

Print name of provider informing patient Signature of provider informing patient Date and time

Patient Signature If other than patient, authority to consent * Date and time

Witness/validated by: print name Signature of witness Date and time

Interpreting services: Interpreted/sight translated by: _____
(Circle one) Interpreter Signature Date and time

Print Interpreter name: _____

* Patient is unable to sign because: _____.

Documenting Informed Consent

POLICY: All patients have the right to participate in informed decision making about their health care. Informed decision-making means the patient or patient representative is given, in a language or means of communication he/she understands, complete and current information, explanations, consequences, and options needed in order to consent to or refuse a procedure or treatment. Informed decisions are voluntary and free from coercion. Patients with decision-making capacity have the right to refuse treatment within the limits of the law.

The Informed Decision Making Process

- A. Determine the decision maker (refer to Hospital Policy Patient Rights Informed Decision Making and/or Ethics Handbook, 5th edition).
- Adults (18 or older) with decisional capacity.
 - Unmarried pregnant minor may consent to medical and surgical care related to her pregnancy where no parent or guardian is available.
 - Minor parent may consent to treatment for their child.
 - Parent of minor children.
 - Minor 16 years or older may consent to treatment for themselves when parent/guardian not immediately available.
 - Guardian/power of attorney for health care decisions/designated proxy.
- B. It is the physician's responsibility to obtain the patient's consent and document the disclosures on the consent documentation tool as appropriate.
- C. Limited English Proficiency (LEP) or other communication barrier - Unless there is a Waiver of Interpreting Services, you should have an interpreter with you when (1) you make disclosures and obtain consent (wherever that occurs) and (2) when the consent form is signed for a patient whose primary language is not English. **Do not use abbreviations on the consent form.**

Documenting Informed Decisions. Documentation of the decision making process is intended to document the mutual understanding between the patient and the physician or other health care provider about the care, treatment and services the patient receives.

Where to document. Documentation of informed decisions may be in a progress note, dictated report, history and physical, a designated Hospital form or elsewhere in the record.

When to use Hospital Designated Consent Form. Treatment or procedures that may be associated with material risk, including but not limited to surgical, interventional, and diagnostic procedures, procedures with anesthesia or moderate/deep sedation, and placement of central lines, require documentation of informed consent using an appropriately completed Hospital Consent form.

- Written consent obtained more than thirty (30) days prior to the initiation of care or treatment is not valid.
- When a patient indicates uncertainty or lack of understanding, or when a patient has questions, the consent document should not be signed and the physician should be notified.
- The physician informing the patient and obtaining consent should complete and sign the form.
- The nurse or other licensed health care provider may obtain and witness a decision maker's signature on a completed consent form.
- If the surgery/procedure is scheduled for 2 providers and each provider will perform a scheduled specific task, include the information in paragraph 2. (example: Dr. Hill will do coronary artery bypass grafting; Sam Shepherd, PA will do vein graft harvesting.)

Photography, Recording or Filming

Written consent is not required for photography, recording or filming for identification, diagnosis and/or treatment. Written consent for photography, recording or filming for internal organizational purposes, including advancement of medical knowledge and education is included in the general Hospital consent. External disclosure of film/photos made for internal use and/or diagnosis and/or treatment, requires the appropriate HIPAA authorization (forms available through HIPAA Commitment office or Medical Records Release of Information). When for external purposes, separate written consent is required (See Information Management Policy Consent for Camera/Videotape by Patients, Families or Friends or call 81441 or 81291 for forms).

When it is necessary to obtain consent by phone, there should be at least 1 witness to the disclosures and communication between the physician and decision maker. The physician informing the decision maker should sign the form. An additional witness should verify the consent and both sign as witnesses. Include the authority of the individual consenting. Document the necessity of phone consent in the record. Verify the consent in writing as soon as possible.