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 Owner: Jonathan Gazard: Mgr Onsite Access PSPH
 Policy Area: Patient's Rights and Ethics
 References:
 Applicability: WA - Providence St. Peter Hospital

Consent for Service

Policy Number: 86100-PRE-039

PURPOSE:

To ensure that Providence St Peter Hospital (PSPH) caregivers and representatives provide and explain a Consent for Service form for our patients at each appropriate course of treatment.

APPLIES TO:

This policy applies to all members of the Providence St Peter Hospital (PSPH) workforce, including caregivers (all employees), medical staff members, contracted service providers, and volunteers.

It also applies to all vendors, representatives, and any other individuals providing services to or on behalf of Providence Southwest Washington Service Area. *All of these groups will be referenced in this policy as 'caregivers and representatives'.*

POLICY STATEMENT:

Consistent with our Mission and core values, Providence St Peter Hospital (PSPH) will take all reasonable steps to ensure the necessary consent for treatment is obtained in writing from our patients or their legal representatives

OBSERVATION & SAFETY FACTORS:

Per [WAC 246-320-141](#), this policy must be publicly posted on PSPH Internet site, any updates must be reported to the state and updated on the Internet site within 30 days of update.

PROCEDURE:

1. The Consent for Service form is provided to patients receiving care as inpatients or registered outpatients at PSPH.
 - A. Hospital caregivers and representatives will take the time to explain the form to each patient.
 - B. In every encounter, patients will be treated with compassion and respect.
2. The consent for service form includes consents, releases and agreements and becomes a permanent

part of each patient's medical record.

3. Implied Consent

A. Consent may be assumed when a patient voluntarily enters PSPH and submits to medical treatment. However, the consent for service should be still signed by the patient or legal representative [{RCW 7.70.065}](#).

1. If someone other than the patient signs the consent for service, the relationship of the person signing is to be written/documented electronically on the form.
2. If the patient is unable to provide a signature, a verbal consent is appropriate. Caregivers should document the reason for a verbal consent.
3. If the patient has a medical condition requiring isolation precautions requiring only clinical personnel to interact with patient, a verbal consent is appropriate. Caregivers should document the reason for verbal consent.

4. Emergencies

A. In a medical emergency when a patient is unable to make an informed decision and the consent of another person qualified to represent the patient is not reasonably available, consent to treatment is implied by law and an express consent is not required. [{RCW 18.71.220; RCW 7.70.050 \(4\)}](#)

5. Adult Persons

- A. A person 18 years of age or older is an adult for the purpose of consenting to medical treatment, and if otherwise competent, must give his or her own consent for care at Providence St Peter Hospital. [{RCW 26.28.010, RCW 26.28.015\(5\)}](#)
- B. If an adult person is unable to give consent, caregivers should obtain the consent of the person authorized to give consent.

6. Minors

A. In general, patients under the age of 18 are minors and do not have the legal capacity to consent to medical care or treatment. The consent of a parent or legal guardian is necessary, except in certain situations including but not limited to: emergency care services, treatment for mental health, substance abuse, and sexually transmitted diseases.

7. Communication

- A. Caregivers should ensure that patients are alert and oriented in order to consent to treatment or refuse it.
- B. If a patient's preferred language is not English, discussions regarding the Consent for Service form should take place in the preferred language of the patient or legal representative. Wherever possible, a professionally trained interpreter should be used. Refer to the PSPH Interpreter Services policy for further guidance.
- C. Patients with other communication barriers:
1. For the sight-impaired, caregivers should read the Consent for Service form in the appropriate language.
 2. For the hearing-impaired, written communication or sign language through a professionally trained medical interpreter may be used.
- D. Consent by telephone should only be obtained if the person(s) with legal capacity to consent for the

patient is not available in person.

1. Consent by telephone should be documented on the Consent for Service form and include a reason as to why consent was provided in this way.
 2. Two caregivers should sign as witnesses to the consent by phone.
8. Refusal to sign Consent for Service form
- A. If a patient will not sign the Consent for Service form, caregivers should document the refusal on the form and sign as witness.
 - B. The attending physician should be informed about the refusal.

AGE-RELATED CONSIDERATIONS:

Yes - see Procedure section **6A**.

CONTRIBUTING DEPARTMENT/COMMITTEE APPROVAL:

WA Council

DEFINITIONS:

- **Express consent:** Consent to medical treatment can be given by a patient who is mentally competent or the authorized patient representative either orally, in person, by telephone or in writing.
- **Competent patient:** A patient who is mentally competent has the right to consent to or refuse treatment.

ATTACHMENT:

N/A

OWNER:

Manager, On-Site Access

Prior Policy History:

- Implementation Date: 3/2014
- Reviewed Date:
- Revision Date:

REFERENCES:

- [PSPH Spoken Language Interpretive Services policy](#)
- [PSPH Deaf and Hard of Hearing Interpretive Services policy](#)
- [WAC 246-320-141](#) Patient Rights & Organizational Ethics (this policy must be publicly posted on PCH internet site, any updates must be reported to the state and updated on the internet site within 30 days of update)
- [RCW 18.71.220](#) Rendering Emergency Care - Immunity of physician or hospital from civil liability
- [RCW 7.70.050 \(4\)](#) Failure to secure Informed Consent - Necessary elements of proof—Emergency situations

- [RCW 26.28.010](#) Age of majority
- [RCW 26.28.015\(5\)](#) Age of majority for enumerated specific purposes
- [RCW 7.70.065](#) Informed Consent-Persons authorized to provide for patients who are not competent

ADMINISTRATIVE APPROVAL:

Chief Administrative Officer, SWSA

All revision dates:

5/6/2020, 4/29/2020, 6/6/2017, 3/1/2014

Attachments

No Attachments

Approval Signatures

Approver	Date
Carol Robinson: Patient Safety Specialist [LC]	5/6/2020
Suzanne Scott: Chief Nursing Officer SWSA	5/6/2020
Jonathan Gazard: Mgr Onsite Access PSPH	5/6/2020

Applicability

WA - Providence St. Peter Hospital

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