

**CAROLINAS HOSPITAL SYSTEM
FLORENCE, SC**

Policy/Procedure Title	#37 Informed Consent & Release of Medical Information		
Department Generating Policy	CARDIAC PULM REHAB	Effective	7/6/2001
Affected Departments	CARDIAC PULM REHAB.		
Prepared By	Jewell Hammons	Dept/Title	CARDIAC PULM REHAB
Dept/Committee Approval (If Applicable)		Dept/Title	
Medical Staff Approval (If Applicable)		Dept/Title	
Board Approval (If Applicable)		Dept/Title	

INFORMED CONSENT

Purpose: It is the policy of Carolinas Hospital to provide a mechanism to enable the patient &/or family to be informed and involved in making decisions about his/her care.

Policy: An informed consent is given to every patient at the time of entry into the program. The form includes general information, risks and benefits of participation in the rehabilitation program. After reading the consent it is signed and dated by the participant indicating their agreement. The form is witnessed when signed. The consent form is placed in the patient's chart and becomes a part of the medical record.

RELEASE OF MEDICAL INFORMATION

Purpose: To provide standardized guidelines for obtaining, releasing and protecting patient information contained in the medical record.

Policy: A Release of Medical Information is completed and signed by the patient when medical records are requested from a physician's office, this hospital or other facilities. This form is placed in the chart and becomes part of the medical record.

If medical records of patients are requested from another facility a written medical release signed by the patient must be received before any information is released.

CHS Policy # 875

Reviews:	1st	2nd	3rd	4th	5th
Date:					
By:					
Revisions:	1st	2nd	3rd	4th	5th
Date:					
By:					