

CAROLINAS HOSPITAL SYSTEM FLORENCE, SC

Policy/Procedure Title	Consent for Chemotherapy Administration (Oncology Specific)		
Department Generating Policy	INFORMATION SYSTEM	Effective	8/24/2000
Affected Departments			
Prepared By	Irene Johnson	Dept/Title	Administration/ACNO
Dept/Committee Approval (If Applicable)		Dept/Title	
Medical Staff Approval (If Applicable)		Dept/Title	
Board Approval (If Applicable)		Dept/Title	

CAROLINAS HOSPITAL SYSTEM Dept: Admissions, PFS No.A25

Subject:Signatures for Consent to Treat, Medicare and Champus Important

Message Amended:11/01/00 Effective Date: 4/1/98

Applies to:Admissions and Information Management Systems Recommended

by:Director PFS Pages:

Approved by:Chief Financial Officer 1 of 2

Purpose:

To establish a consistent routine in relation to securing the patient's informed consent to treat, authorization to bill insurance and release medical information, assignment of payment from third party entities, and agreement of financial obligation. A routine for securing the patient's signature on governmentally required forms is also defined.

Policy:

The admissions staff is responsible for obtaining signatures on the consent to treat and Medicare/Champus forms when necessary. The registrar will explain to the patient or responsible party what he/she is signing and answer any questions that are asked in relation to the form. The registrar will be aware of what forms are required for each patient type and will document the system as to when the signatures are obtained.

Procedure:

1. An adult patient alert and oriented upon presentation for treatment will be required to sign his/her own consent for treatment and governmental forms. The content of the document and the patient's financial obligation will be explained at that time. Meditech will be documented with a statement that the signatures were obtained
2. In the case of a minor, either parent will be allowed to sign the consent. The content and financial obligation will be explained at that time. Meditech will be documented with a statement that the signatures were obtained.
3. A patient who is unable to give informed consent due to physical, emotional or mental conditions will not be required to sign at the time of admission. The registrar will document in Meditech the situation, and will obtain signatures at a later and more appropriate time. If the responsible registrar is leaving his/her shift the responsibility will be transferred to another registrar. Meditech will be documented with that information. Meditech will be updated when the signatures are obtained. **In this situation if a family member is available to sign and is willing to take financial responsibility, the family member will be allowed to sign for the patient.**
4. Patients who sign their consent with a "mark" will have two witnesses and the "mark" will be documented as "patient's mark".

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5. In the event that a patient is unable to sign during their hospital stay and expires and/or transfers without the signatures being obtained, the consent form will be documented with "patient unable to sign due to _____" and the Meditech will be updated to include this information.

6. Health Services to Minors without the consent of Parents or Guardian:
 Health services to minors without consent of parents or guardians; [SC Code ANN - 20-7-290 (Law CO-OP. 1985)] Any health services, other than operations, deemed necessary in the opinion of the person authorized by law to render that service, may be rendered without parental consent. Operations may be performed without parental consent only if essential to life or health of the child. The performing physician should consult another physician if possible.

7. In other words, if a valid physician's order is presented (one with the name of the test to be completed, medically necessary diagnosis or ICD-9 code, patient's name and physician signature) a minor can be tested as per the order. The ancillary department would make this decision. If the patient needs to have surgery and the parent or guardian is not here to sign, however, the situation must be life or health threatening. In that case the physician makes the decision. The registrar's responsibility is to handle the situation as per our "collections policies" and to obtain appropriate signatures in relation to financial responsibility. A child cannot sign for a parent's insurance to be billed. An attempt to obtain authorization over the phone with two witnesses taking responsibility is appropriate. Emancipated minors under the age of eighteen are responsible for their bills.

8. Success rate between 95% and 97% will meet expectations. Routine audit will document success quarterly to meet expectations and 10 out of 12 months a year to exceed expectations.

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