



Ambulatory Clinic Policy and Procedure

Title:	Consent to Treatment/Health Care Agreement	Policy Number:	6.21
		Version Number:	5
Regulation Reference:	Texas Administrative Code, Title 25, Part 7	Effective Date:	10/2016
		Original Approval:	8/2001

POLICY STATEMENT:

It is the policy of Texas Tech University Health Sciences Center (TTUHSC) Ambulatory Clinics to respect patient autonomy. Respect is evidenced through obtaining the patient’s written consent before initial examination or treatment is performed.

SCOPE:

This policy applies to all TTUHSC Ambulatory clinics operated through its Schools.

DEFINITIONS:

1. “Consent” – Authorization for treatment or care given by the patient to a health care provider.
2. “Informed Consent” – Permission given by the patient to a health care provider to perform certain procedures, treatments or care after having been advised of the benefits, risks, side effects, and alternative treatments or care that could influence a reasonable person in deciding whether or not to consent.

PROCEDURE:

3. **Who May Consent:** See [6.21.A, Consent for Treatment Guidelines, Who May Sign for Consent](#).
4. **Clinic Visits:**
 - a. The patient should sign form [6.21.B, Consent to Treatment/Health Care Agreement \(English\)](#) or [6.21.B.1, Consent to Treatment/Health Care Agreement \(Spanish\)](#) at the first clinic visit.
 - b. The signed form should be dated, witnessed and placed in the medical record.
 - c. If the patient refuses to sign the consent form the Professional Liability/Risk Management office should be called. The patient should not be examined or treated until a consent form has been signed with the exception of an emergency.
 - d. There may be some situations in which a minor requires immediate treatment but a parent or guardian cannot be located. Form [6.21.C, Alternative Persons Consent to Medical Treatment of a Minor](#), may be used or the same information documented in the medical record.
5. **Statutory Medical and Surgical Procedures Consent Form:**
 - a. The Texas legislature through the Texas Medical Disclosure Panel has determined the requirements for disclosure by the physician on a medical or surgical consent form. These requirements are a minimum standard. Depending on the procedure, there may be specific risks that must be disclosed. The specific risks that must be listed on the consent form are outlined in 25 TAC 7 §601.2, Texas Medical Disclosure Panel-List A. List A procedures require at a minimum, that all the risks are outlined. See [6.21.D, Texas Medical Disclosure Panel – List A](#).

- b. There may be no specific risks that must be disclosed. These are outlined in 25 TAC 7 §601.3, Texas Medical Disclosure Panel-List B. For List B procedures and procedures not found on either list, the physician must disclose the possible risks that a “reasonable patient” would want to know before giving consent for the procedure. See [6.21.D.1, Texas Medical Disclosure Panel – List B](#). These should be based on accepted medical standards. The generic, statutory form be used to obtain proper informed consent by inserting the risks. See [6.21.E, Disclosure and Consent for Medical and Surgical Procedures \(English\)](#) or [6.21.E.1, Disclosure and Consent for Medical and Surgical Procedures \(Spanish\)](#). Each department or campus may create specialized consent forms for their patient population as long as the minimum disclosures required by law are included.
 - c. The physician may request that an additional specific consent form be signed for any procedure or intervention in which further documentation of the patient’s informed consent is felt to be appropriate.
 - d. If a medical or surgical procedure is to be performed in the hospital, informed consent may be obtained in the clinic and the appropriate pre-printed List A statutory disclosure form obtained from a source at the affiliated hospital containing all the required disclosures which can then be sent to the appropriate hospital department. The physician may always add to the list of risks.
- 6. Length of Time Consent is in Effect:** The Consent to Treatment/Health Care Agreement will be valid and remain in effect as long as the patient seeks health care in the TTUHSC ambulatory clinics, unless revoked by the patient in writing with written notice provided to each clinic attended by the patient. Occasionally the form may be revised and will require a new signature.

APPROVAL AUTHORITY:

This policy shall be recommended for approval by the Joint Ambulatory Policy Committee to the Council of Deans.

RESPONSIBILITY AND REVISIONS:

It is the responsibility of the Joint Ambulatory Policy Committee to review and initiate necessary revisions based on collaboration and input by and through Quality Improvement/Performance Improvement, Risk Management and the Office of Institutional Compliance.

RIGHT TO CHANGE POLICY:

TTUHSC reserves the right to interpret, change, modify, amend or rescind this policy in whole or in part at any time to reflect changes in policy and/or law.

CERTIFICATION:

This policy was approved by the Council of Deans on October 6, 2016.

ATTACHMENTS:

[6.21.A – Consent for Treatment Guidelines, Who May Sign for Consent](#)

[6.21.B – Consent to Treatment/Health Care Agreement \(English\)](#)

[6.21.B.1 – Consent to Treatment/Health Care Agreement \(Spanish\)](#)

[6.21.C – Alternative Persons Consent to Medical Treatment of a Minor](#)

[6.21.D – Texas Medical Disclosure Panel – List A](#)

[6.21.D.1 – Texas Medical Disclosure Panel – List B](#)

[6.21.E – Disclosure and Consent for Medical and Surgical Procedures \(English\)](#)

[6.21.E.1 – Disclosure and Consent for Medical and Surgical Procedures \(Spanish\).](#)