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 Owner: Robin Chrisman: Mgr Onsite Access PCH  
 Policy Area: Patient Rights & Ethics  
 References: RCW 18.71.220, RCW 26.28.010, RCW 26.28.015(5), RCW 7.70.050(4), WAC 246-320-141  
 Applicability: WA - Providence Centralia Hospital

## Consent for Service

Policy Number: 86100-PRE-022

### PURPOSE:

Ensure that Providence Centralia Hospital (PCH) 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 Health & Services Southwest Washington Service Area (SWSA) Providence Centralia Hospital (PCH) 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 PCH. (All of these groups will be referenced in this policy as 'caregivers and representatives'.)

### POLICY STATEMENT:

Consistent with our Mission and Core Values, PCH will take all reasonable steps to ensure the necessary consent for service 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 PCH 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 PCH.
  - 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 PCH and submits to medical treatment. However, the Consent for Service form should still be signed by the patient or legal representative.
1. If someone other than the patient signs the Consent for Service form, 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.
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 PCH. [{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.
1. Wherever possible, a professionally trained interpreter should be used. (For further guidance, refer to PCH policy: [Provision for Interpretive Services](#))
- C. Patients with other communication barriers:
- a. For the sight-impaired, caregivers should read the Consent for Service in the appropriate language.
  - b. 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

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 5 & 6.

## CONTRIBUTING DEPARTMENT/COMMITTEE APPROVALS:

WA Council

## DEFINITIONS:

- **Competent patient:** A patient who is mentally competent has the right to consent to or refuse treatment.
- **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.

## ATTACHMENTS:

N/A

## OWNER:

Manager, Admitting Department

## REFERENCES:

- PCH policy: [Provision for Interpretive Services](#)
- [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

## ADMINISTRATIVE APPROVAL:

Chief Administrative Officer SWSA

All revision dates:

5/8/2020, 6/6/2017, 2/2/2017, 3/1/2014

## Attachments

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No Attachments

## Approval Signatures

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Approver	Date
Carol Robinson: Patient Safety Specialist [LC]	5/8/2020
Suzanne Scott: Chief Nursing Officer SWSA	5/8/2020
Robin Chrisman: Mgr Onsite Access PCH	5/5/2020

## Applicability

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WA - Providence Centralia Hospital

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