



Current Status: Active

PolicyStat ID: 4785824



Origination: 05/2017
Effective: 05/2017
Last Approved: 05/2017
Last Revised: 05/2017
Next Review: 04/2020
Owner: Sarah Fotheringham: HCS
 Attorney Sr
Policy Area: Legal
Policy Tag Groups:
Applicability: UNC Medical Center

General Consent for Treatment

Description:

Requirements for obtaining general consent for treatment from patients.

I. Rationale

University of North Carolina Health Care System (UNCHCS) entities shall obtain from each patient or authorized representative a signed and dated general consent for treatment on a form approved by UNCHCS. This document includes the following components: consent to use or disclose Protected Health Information (PHI) for treatment, payment, and/or health care operations (TPO); acknowledgement of receipt of Notice of Privacy Practices; the opportunity to agree to, or prohibit or restrict, the use or disclosure of PHI; and consents and acknowledgements regarding financial information. UNCHCS entities must retain the signed consent in the patient's medical record.

Documentation of a separate Informed Consent is required for patients undergoing operations, special procedures, or the administration of blood or blood products, either on an inpatient or an outpatient basis, as described in UNCHCS Policy, "[Informed Consent.](#)" Refer to that policy regarding the procedure for obtaining Informed Consent.

If the patient is able to make and communicate decisions, the patient should sign the UNCHCS General Consent for Treatment Form, a copy of which is attached as **Appendix 1**. In the case of an adult patient who is unable to make and communicate decisions, signature on the General Consent for Treatment must be obtained from the patient's Authorized Representative. To determine the Authorized Representative, refer to UNCHCS Policy, "[Authorized Representatives of Patients.](#)" If there is any doubt as to which individual is the legally appropriate Authorized Representative for the patient, contact the UNCHCS Legal Department.

II. Policy and Procedure

Prior to the service being provided, the patient is registered or admitted consistent with the UNCHCS entity's current procedure, and the General Consent for Treatment is signed by the patient or the patient's Authorized Representative, and should be witnessed as well. Each of the following components of the General Consent for Treatment needs to be separately addressed and signed by the patient or Authorized Representative.

A. Treatment, Payment and HealthCare Operations (TPO)

1. Treatment includes, but is not limited to:

- a. Direct care of patient;
- b. coordination/management of care with other health care providers and staff;
- c. consultation relating to patient, and/or
- d. referral of patient to another health care provider.

2. Payment includes, but is not limited to:

- a. Activities associated with obtaining or providing reimbursement for services;
- b. determination of eligibility, adjudication, subrogation of claims;
- c. billing, claims management, collection activities, obtaining payment under contract for reinsurance;
- d. review for medical necessity, coverage or appropriateness of care;
- e. utilization review activities, including pre-certification and pre-authorization of services, concurrent and retrospective reviews, and/or
- f. disclosures to consumer reporting agencies.

3. Health Care Operations includes, but is not limited to, the following functions:

- a. Competency/performance activities, peer review, training, accreditation, certification, credentialing;
- b. QA/Improvement activities, population-based activities relating to improvements, related non-treatment functions;
- c. underwriting, premium rating, reinsurance;
- d. medical review, legal, auditing, compliance;
- e. business planning/development, and/or
- f. business management/administrative, including customer service, grievance resolution, due diligence, and fundraising.

B. Notice of Privacy Practices (NPP)

The NPP will be made available and distributed in accordance with UNCHCS Policy, "[Notice of Privacy Practices](#)."

C. Patient Opportunities to Opt Out of Disclosures

1. Patient List/Census List

- a. UNCHCS hospitals maintain lists of current patients in the hospital to provide the following information to people who ask for the patient by name, unless the patient objects:
 - i. The patient's location in the hospital, and
 - ii. the patient's condition described in general terms that do not give specific medical information about the patient.

- b. The registration/admitting staff will ensure that the patient has the opportunity to opt out of these disclosures by UNCHCS hospitals of information in their patient lists. This opt out is primarily applicable to patients being admitted to a hospital.
- c. The patient who wishes to opt out will initial the statement so indicating in the General Consent for Treatment, and staff will make an appropriate entry in the hospital's registration system.

2. Religious Information

- a. Unless the patient opts out, patient list information is included on a clergy list and will be provided to community clergy (not employed by UNCHCS) when requested.
- b. The registration/admitting staff will ensure that the patient has the opportunity to object to disclosures of his/her patient list information on the clergy list. This opt out is primarily applicable to patients being admitted to a hospital.
- c. The patient who wishes to opt out will initial the statement so indicating in the General Consent for Treatment, and staff will make an appropriate entry in the hospital's registration system:

3. Sharing Information with Family and/or Friends

- a. Unless the patient opts out, limited personal health information may be shared with family, friends and/or representatives of the patient: (1) if related to his/her care or payment for care, or (2) if needed to notify individuals about the patient's location or general condition.
- b. The registration/admitting staff will ensure that the patient has the opportunity to object to these disclosures by the UNCHCS entity. This opt out is equally applicable to inpatients and outpatients.
- c. The patient who wishes to opt out will initial the statement so indicating in the General Consent for Treatment, and staff will make an appropriate entry in the UNCHCS entity's registration system:
- d. Patients should be instructed that, if a patient opts out regarding his or her family and friends, as long as the patient is not deceased or incapacitated, UNCHCS will honor the opt out request. If a patient who has opted out later becomes incapacitated or dies, the care providers will determine the individual who serves as the patient's Authorized Representative. (See UNCHCS Policy, "[Authorized Representatives of Patients.](#)") After making this determination, the care providers will provide to the Authorized Representative all PHI necessary to permit the Authorized Representative to make decisions on behalf of the patient.

D. Obtaining Signature on General Consent for Treatment

- 1. As part of the registration/admitting process, the General Consent for Treatment must be signed by each patient or his/her Authorized Representative upon each encounter (i.e. inpatient admissions, outpatient observations, or Emergency Department visits), with the exception of outpatient clinic visits and ancillary only visits. For outpatient clinic visits and ancillary only visits, the General Consent for Treatment is signed annually as indicated in the computer system.
 - a. If the patient is unable to consent, obtain consent from an Authorized Representative.
 - b. If a patient otherwise capable of giving valid consent is unable to write, the patient may make his or her mark on the line designated for a signature or may otherwise communicate consent in a manner acceptable to the physician. Such consent shall occur in the presence of a witness. The provider shall document in the patient's chart the manner in which the patient communicated his or her consent, and the note shall be countersigned by the witness.

2. The registration/admitting staff are responsible for making appropriate entries in the UNCHCS entity's registration system indicating that consent has been obtained when due.
3. If the patient or his/her Authorized Representative refuses to sign this consent, the issue should be referred to the appropriate manager for resolution.
4. When consent is due but not obtained prior to a patient's visit or admission, the registration/admitting staff are responsible for following-up and obtaining consent as soon as possible and prior to the patient's discharge. If, following good faith efforts, the staff is still unable to obtain consent, staff must enter the reason in the appropriate field in the UNCHCS entity's registration system.
5. A separate authorization and/or informed consent may be required for defined operations, procedures, and treatments in accordance with UNCHCS Policy, ["Informed Consent"](#).

Attachments:

[Appendix 1: General Consent for Treatment](#)

Applicability

UNC Medical Center

COPY