

Informed Consent

What is informed consent?

A formal agreement that a patient signs to give permission for an invasive procedure after being informed of the risk, benefits, and alternatives by the provider

Who is responsible for documenting the informed consent discussion?

The provider is responsible for documenting the informed consent discussion and the risks, benefits, and alternatives for the procedure

What are important elements of informed consent?

- Name of the procedure
- Provider explains potential risks and benefits of the procedure, potential problems during recuperation or other complications, as well as alternative forms of treatment
- Date and time
- Signature of the healthcare provider performing the procedure
- Signature of patient or guardian
- Document preferred language, interpreter, and Interpreter ID information if used

*If the patient is non-English speaking who states that their preferred language is not English or is speech or hearing impaired, an in-person, video, or telephone interpreter must be provided to ensure understating of the consent process. Documentation on the consent should reflect the use of an interpreter.

When should informed consent be obtained?

Prior to any invasive procedure

Paper consent should be scanned into the medical record. For areas that are utilizing e-consent, providers should follow the APeX workflow on procedure e-consents

The image shows two pages of a UCSF Health authorization form. The top page is titled 'AUTHORIZATION FOR SURGERY, SPECIAL DIAGNOSTIC OR THERAPEUTIC PROCEDURE, BLOOD TRANSFUSION AND ADMINISTRATION OF ANESTHETICS (Page 1 of 2)'. It includes fields for patient name, date of birth, and location. The form contains several numbered sections for the patient to read and sign, including:

- 1. I authorize _____, M.D., and associates to perform the following operation(s) or procedure(s):
- 2. I authorize the administration of anesthesia and/or sedation as may be considered necessary or advisable. I have been advised that there are certain risks associated with anesthetics that may include allergic reactions, and/or drug intolerances, and dental, mouth or throat damage, discomfort or soreness. I understand that the explanations that I have received may not be exhaustive or all-inclusive and that other more remote risks may be involved.
- 3. I authorize the use of pathology and radiology services if necessary. I understand that any tissue removed will be disposed of at the discretion of the hospital pathologist or designee. I authorize the pathologist to retain, preserve, use or dispose of any tissues, organs, bones, bodily fluid or medical devices that may be removed during the operation(s) or procedure(s). I understand that such specimens may be used for research, as permitted by federal and state law. I understand that I have no property ownership or interest in such specimens or data derived from these specimens and no right or entitlement in any research or research project used or derived from the specimens.
- My tissue:
 - may be used in medical research
 - may not be used in medical research
- 4. The nature and purpose of the procedure or operation, the likelihood of benefits, risks, complications and side effects of the procedure or operation and its alternatives, possible alternative methods of treatment (including the risks related to not receiving the operation or procedure) and potential problems that might occur during recuperation have been explained to me by Doctor _____. My consent is given with the understanding that any operation or procedure involves risks and hazards some of which can be serious and possibly fatal. I understand that risks may vary depending on the operation or procedure for which I am consenting. I am aware that the practice of medicine and surgery is not an exact science and no guarantee has been made as to the results or cure. I understand that the explanations that I have received may not be exhaustive or all-inclusive and that other more remote risks may be involved.

 The bottom page is titled 'AUTHORIZATION FOR SURGERY OR SPECIAL DIAGNOSTIC OR THERAPEUTIC PROCEDURE (Page 2 of 2)'. It contains sections 6 through 9:

- 6. I understand that I have the right to refuse any proposed operation or procedure any time before it is performed. During surgery, additional procedures which are in addition to, or different from those set forth in paragraph 1 may be carried out as considered necessary for my well-being by my physician or surgeon for conditions not known at the time the operation or procedure commenced.
- 7. I understand that there may be a health care industry representative or other visitors present, with the approval of UCSF, during my operation or procedure for purposes of medical observation or to provide technical support.
- 8. I acknowledge that I have the right to be informed if my physician has any economic interest related to the performance of the operation(s) or procedure(s) beyond compensation for the surgery or procedure performed.
- 9. In the event of an accidental exposure to my blood or bodily fluids to a physician, contractor or employee of the facility, I consent to testing for HIV, Hepatitis or other bloodborne pathogens. I have had full opportunity to ask questions concerning my condition, the authorized procedure(s) and/or surgery(s), the alternatives, and the risks and consequences associated with it. All the questions I have asked have been answered.

 The form concludes with a signature line for the patient and checkboxes for language preference (English or Other) and interpreter use (In person or Telephone). It also includes a field for the Interpreter Name/Individual ID Number.