SUNY DOWNSTATE MEDICAL CENTER UNIVERSITY HOSPITAL OF BROOKLYN POLICY AND PROCEDURE

No: RAD -20A

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Subject: INFORMED CONSENT	Original Issue Date:	1/2016	
Prepared by: Vincent Monte	Supersedes:	New	
Reviewed by: <u>Donna McKenzie, EMBA.,</u> Tina Riha, PT., DPT.,MPA	Effective Date:	<u>1/2016</u>	
	T.J.C. Standards: RI. 01.03.01. The hospital's written policy identifies the specific care, treatment, and services that require informed consent, in accordance with law and regulation		
Approved by: <u>Hyman Schwarzberg, m.D.</u> <u>Harry Zinn, M.D.</u>	RI.01.01.03 The hospital provides information in a manner tailored to the patient's age, language, and ability to understand		
	UP. 01.02.01 Implement a pre-procedure process to verify the correct procedure, for the correct patient, at the correct site.		
	Related Policies No.CONS-01 Consent Policy		
	Issued by: Radiology	Department	

Ι. PURPOSE

To provide the patient with information relative to the risks and benefits of the proposed procedure and to allow the patient to make informed decision whether to undergo the procedure.

II. DEFINITION

None

III. POLICY

For all surgical /invasive / diagnostic and other specific procedures a written informed consent form must be obtained from the patient. All outpatients and clinic patients will be consented at the time of the procedure. Inpatients will be covered under the hospital's general consent policy (refer to general radiology policy section 22)

All patients will be provided pertinent information regarding the proposed procedure so that they can make an informed decision the consent form should only be signed after the patient has been educated about the procedure

IV. RESPONSIBILITIES

Radiology Staff / Emergency Room Staff, House Staff / Nursing

V. PROCEDURES /GUIDELINES

1. Patients 18 Years Old Or Older

- Patients must be capable of understanding that he/she is granting consent
- All patients 18 years or older must sign consent prior to starting the procedure

2. Mentally Challenged Patients Under 18 Years

<u>Patient who is mentally challenged or must have consent granted by one of the following</u> <u>individuals:</u>

- Health care agent
- Legally appointed guardian
- Spouse
- Adult child
- parent /guardian/ adult sibling

3. Exceptions to minor mentally challenged signing consent

If the minor is emancipated <u>Minors are considered emancipated if the following conditions prevail</u>: Minor has a child Minor is married Minor is self-supporting and living with parents.

VI. OBTAINING CONSENT

Consent may be obtained by the Radiologist or Resident

<u>Right To Refuse</u>

- Patients have the right to refuse a procedure regardless if consent was previously granted.
- The resident or Radiology attending will contact the ordering physicians and informed them of the patient's refusal.

VII. ATTACHMENT

Consent to Diagnostic, Operative or Special Procedure

VIII. REFERENCE

Joint Commission Standard http://www.downstate.edu/regulatory/pdf/policies/SED-01AB.pdf http://www.downstate.edu/regulatory/pdf/policies/CONS-01.pdf

Date Reviewed	Revision Required (Check One)		Responsible Staff Name and Title
1/2016	(Yes)		Vincent Monte, Assoc. Dir. Department of Radiology
		No	
	Yes	No	
	Yes	No	