

UConn HEALTH

POLICY NUMBER 2003-13

April 12, 2016

POLICY: CONSENT TO TREATMENT

PURPOSE: To assure proper documentation of patient's permission for treatment at UConn Health.

POLICY STATEMENT: UConn Health will make a good faith effort to obtain signature from patients/patient representatives on the appropriate Consent to Treatment form. The [HCH901](#) "Consent to Treatment and the Use and Disclosure of Health Information" is the general form. The HCH 2176 "Consent to Treat/Correctional Managed Health Care (CMHC) Patients Only" should be used as indicated for the CMHC patient population. .

The general Consent to Treat form (HCH 901) documents consent for reasonable and necessary health care services, acknowledgement of receipt of the Notice of Privacy Practices, authorization for release of information for payment purposes, and assignment of benefits for services provided to patient and paid on their behalf.

The CMHC Consent to Treat form (HCH2176) documents consent for reasonable and necessary health care services and authorization for release of information for payment purposes and assignment of benefits for services provided to patient and paid on their behalf.

PROCEDURE:

1. Outpatient

- a. New patients to UConn Health should sign the appropriate Consent to Treat form at their first visit.
- b. Returning patients should sign one time each year.
- c. For outpatient services in Farmington Surgery Center, Procedure Center, Same Day Surgery, and the Emergency Department, patients should sign the appropriate Consent to Treat form at each visit/encounter.

2. Inpatient

- a. The appropriate Consent to Treat form should be signed **at each admission to an inpatient unit.**
- b. For admissions through the ED, if the form was signed for the ED visit, this will meet signature requirement for inpatient services too.

3. Documentation

- a. The Consent to Treat form will be retained in the patient's medical/dental record.
- b. Staff will enter date of signature on the form in the electronic registration system.

4. Request for restriction on use or disclosure of PHI

If the patient requests a restriction on how the PHI is to be used or disclosed, refer to

UConn Health policy #2003-14: [Patient Right to Request Restrictions on Use and Disclosure of Protected Health Information](#)

5. **Declination/Refusal to Sign**

If a patient, who is otherwise competent to make an informed decision about his/her health care, refuses to sign the appropriate Consent to Treat form for the stated reason that s/he is unwilling to grant UConn Health with permission to treat, a supervisor and/or the treating practitioner should be notified. An effort to understand and resolve the patient's concern should be made. If the patient continues to state s/he does not want treatment, the supervisor and/or treating practitioner may allow the patient to leave without being seen by a health care provider. If the patient indicates s/he wants treatment, and understands that insurance or self pay is also required for services rendered the supervisor and/or treating practitioner may treat the patient, documenting in the patient's record the discussion with the patient.

Attachments:

Form HCH901 – [Consent to Treatment and the Use and Disclosure of PHI](#)
Policy #2014-10 [Notice of Privacy Practices: Acknowledgement of Receipt](#)
Policy #2003-14 [Patient Right to Request Restrictions on Use of PHI](#)

Anne Diamond (Signed)

4/25/16

Anne Diamond
Chief Executive Officer, John Dempsey Hospital

Date

Anne Horbatuck (Signed)

4/25/16

Anne Horbatuck
Interim Vice President, UMG

Date

Steven Lepowsky (Signed)

4/25/16

Steven M. Lepowsky, DDS
Senior Associate Dean for Education and Patient Care
Associate Professor & Chair, Division of General Dentistry

Date

Andrew Agwunobi (Signed)

4/28/16

Andrew Agwunobi, M.D., M.B.A.
Chief Executive Officer
Executive Vice President for Health Affairs

Date

New Policy: 4/14/03

Revised: 4/15/04, 03/20/09, 2/17/15, 4/12/16