

GENERAL CONSENT TO HOSPITALIZATION / MEDICAL TREATMENT

This undersigned patient or patient's authorized legal representative hereby consents to admission to EvergreenHealth Monroe for diagnostic tests, procedures, care and treatment. I am aware that the practice of medicine is not an exact science and acknowledge that no guarantees or promises have been made as to the result of the testing procedures, care or treatment in the hospital. I consent to and authorize the following:

Medical Consent: I consent to hospitalization, diagnostic tests (including X-ray and laboratory), and other hospital procedures and therapy performed or prescribed by the attending physician/provider, his/her designees or assistants, during this hospitalization.

Advance Directive: I understand that I have an opportunity to make known my wishes, in writing, regarding my health care and/or end of life decisions. The hospital will, upon my request, provide me with information about a Living Will and/or a Durable Power of Attorney for Health Care.

Patient's Rights and Responsibilities: I acknowledge receiving the Patient's Rights and Responsibilities pamphlet.

Immunizations: Immunizations will be offered if ordered and indicated. My signature below acknowledges that I have received the Influenza and Pneumococcal Vaccine Information.

Photographs: The taking and reproduction of photographs in connection with my diagnosis, care and treatment (including surgical procedures) at the hospital for purposes of medical study and research is approved, provided my identity is not revealed.

Release of Confidential Information: I authorize EvergreenHealth Monroe and/or the attending physician/provider to release any information, including information from my medical record necessary to facilitate health care claims processing and payments. This release may include specific information related to the testing, diagnosis and/or treatment of sexually transmitted diseases (including HIV), alcohol or drug abuse, and mental health/psychiatric disorders. I also consent to the release of any information as needed for post-discharge care or transfer of care to other health care facilities or agencies as I direct or as required by law. (If refused, please draw a line through and initial).

Personal Valuables: EvergreenHealth Monroe shall not be held liable for the loss of or damage to any money or other valuables even if deposited for safekeeping, which is provided as a service only; and shall not be held liable for loss or damage to any other personal property.

I acknowledge that this form has been fully explained to me and that I have read and understand its contents (including the information as detailed on the back side of this form). I also acknowledge receipt of a copy of this form. I certify that as the patient, his/her representative or legal guardian, I accept the terms of this document. I further acknowledge receipt of EvergreenHealth Monroe's *Notice of Privacy Practice*, and that EHM may acknowledge my presence, location, and condition (stable, serious, critical) to callers and/or visitors, unless noted below.

SIGNATURE (Patient or person authorized to give authorization)	PRINT NAME	DATE & TIME	WITNESS INITIALS
IF SIGNED BY PERSON OTHER THAN PATIENT, SPECIFY SURROGATE'S RELATIONSHIP TO PATIENT: <input type="checkbox"/> GUARDIAN <input type="checkbox"/> HEALTH CARE POWER OF ATTORNEY <input type="checkbox"/> PARENT <input type="checkbox"/> HUSBAND / WIFE <input type="checkbox"/> ADULT CHILD <input type="checkbox"/> ADULT BROTHER / SISTER INTERPRETER PROVIDED: <input type="checkbox"/> YES <input type="checkbox"/> NO			

<p>GENERAL CONSENT TO HOSPITALIZATION / PATIENT INFORMATION RELEASE AUTHORIZATION</p> <div style="display: flex; align-items: center; justify-content: space-between;"> <div style="font-size: small;"> P.O. BOX 646 14701 179th AVENUE S.E. MONROE, WA 98272-0646 (360) 794-7497 </div> </div>	ADM
Page 1 of 2 Form 1513 Rev. 04/15	

Patient Complaints: Patients may file a complaint regarding any concerns about care or services received at the hospital by contacting any staff member or by contacting the Patient Advocate at 360-794-1403. At any time, a patient may also file a complaint by contacting the Washington State Department of Health at 1-800-633-6828, HSQAComplaintIntake@doh.wa.gov, or the DNV at 1-866-523-6842, hospitalcomplaint@dnv.com. The filing of a complaint will not compromise a patient's care or future access to care.

PATIENT INFORMATION RELEASE AUTHORIZATION

I understand that my health care information is protected and I have received a copy of the Notice of Privacy Practices.

The name(s) listed below is / are family members or friends to whom I wish to grant access to my health care information. I will rely on the professional judgement of my provider and his / her designee to share such information, as they deem necessary.

I understand that information is limited to verbal discussions, and that no paper copies of my protected health care information will be provided without my signature on a Release of Information form.

I understand that some information is considered "sensitive." I understand that I must check the specific box(es) in order for my provider or his/her designee to release any "sensitive" information:

- Mental health / psychiatric disorders (including depression)
- Chemical dependency (drug and / or alcohol abuse / treatment)
- HIV / AIDS virus
- Sexually transmitted diseases

This consent will be considered valid until such time that I revoke it. I reserve the right to revoke it at any time. It will be my responsibility to keep this information up to date, as I recognize that relationships and friendships may change over time.

List in order:

NAME	RELATIONSHIP
1.	
2.	
3.	
4.	
5.	

All family members are granted access.

FINANCIAL AGREEMENT & CONSENT FOR DISCLOSURE

By signing below, I agree:

1. That EvergreenHealth Monroe may share any financial information I provide to facilitate payment.
2. To pay EvergreenHealth Monroe for balances remaining after insurance benefits are paid, unless prohibited by law or contract.
3. To notify EvergreenHealth Monroe of changes to my insurance coverage and/or address.
4. That EvergreenHealth Monroe may impose reasonable interest, late charges, costs and/or reasonable attorney's fees should my account become delinquent.
5. To notify EvergreenHealth Monroe if I am not able to pay my balance due within 30 days of receipt.
6. To apply to other financial programs that I may qualify for as requested by EvergreenHealth Monroe, should I be unable to pay my account.
7. That any lawsuit for collection of my account may be brought in Snohomish County, Washington.
8. That EvergreenHealth Monroe may, at its discretion, disclose to appropriate parties my medical records or information from my records for treatment, payment and health care operation purposes.

I understand that:

- Each EvergreenHealth Monroe entity bills separately for their services.
- Patients who receive services at EvergreenHealth Monroe generally receive two bills: one bill from the physician or other provider (for the costs of the professional services) and one bill from the hospital (for the facility costs, i.e. building, equipment, supplies, staff time). Each of these bills may incur a co-payment or co-insurance responsibility, depending on my insurance coverage. The exact amount of the co-insurance or co-payment will depend upon the actual services provided and the coverage provisions of any insurance I have. At my request, EHM staff will provide me with an estimate of the billed charges for services I am likely to receive.
- EvergreenHealth Monroe requests and, if I provide it, will use my Social Security Number to facilitate access to any potential federal or state health care benefits, to verify my identity, or to facilitate discharge planning. Providing my Social Security Number is voluntary except when applying for state and federal health care benefits.
- My Consumer Credit Report information may be accessed for the following reasons: to make determination of available financial assistance, assistance in managing the payment process, or if I report that my identity has been stolen.

Statement to Permit Payment of Medicare or Insurance Benefits to Provider

I request payment of authorized Medicare or insurance benefits for any services furnished to me by EvergreenHealth Monroe. I authorize any holder of medical and other information about me to release to Medicare [and its agents] or other insurance providers any information needed to determine these benefits for related services.

SIGNATURE (Patient or person authorized to give authorization)	PRINT NAME	DATE & TIME	WITNESS INITIALS
IF SIGNED BY PERSON OTHER THAN PATIENT, SPECIFY SURROGATE'S RELATIONSHIP TO PATIENT: <input type="checkbox"/> GUARDIAN <input type="checkbox"/> HEALTH CARE POWER OF ATTORNEY <input type="checkbox"/> PARENT <input type="checkbox"/> HUSBAND / WIFE <input type="checkbox"/> ADULT CHILD <input type="checkbox"/> ADULT BROTHER / SISTER INTERPRETER PROVIDED: <input type="checkbox"/> YES <input type="checkbox"/> NO			

<p>FINANCIAL AGREEMENT & CONSENT FOR DISCLOSURE</p> <p>Evergreen Monroe</p> <p style="font-size: small;">P.O. BOX 646 14701 179th AVENUE S.E. MONROE, WA 98273-0646 (360) 794-7497</p>	<p>ADM</p>
VGH 9555 Rev. 02/11	

Important Information About Your Bill

Thank you for choosing EvergreenHealth Monroe for your health care. To improve your experience in our care, we share with you information about our billing process, payment expectations and assistance programs.

EvergreenHealth Monroe bills separately from other providers of care, so in addition to your bill from EvergreenHealth Monroe, you may receive bills from other providers. You'll find their contact information below.

Patients with Health Care Insurance

EvergreenHealth Monroe ("EHM") participates in many preferred provider programs with insurance carriers that provide coverage in western Washington. If you are having a scheduled procedure or surgery, you should contact your health insurance carrier to confirm EvergreenHealth Monroe is within your network and to obtain coverage and benefit information. It is also important for you to determine your out-of-pocket expenses such as deductible, co-pay and coinsurance amounts for the scheduled treatment. This will help you understand the financial responsibility you will incur for the treatment.

Following your hospital visit, our billing office will submit the bill to your insurance carrier. We will send you a statement showing the patient liability amount after your insurance company has completed processing of the claim. Your balance is due when you receive our first statement. We thank you in advance for your prompt payment.

Medicare Self-Administered Drugs

If you receive hospital outpatient services, please be aware that Medicare does not cover self-administrable drugs provided to you during your outpatient visit. Per Medicare billing guidelines, EvergreenHealth Monroe must bill you for payment of these non-covered drugs.

Auto Accident Claims

EvergreenHealth Monroe is not able to wait for a third party settlement for any accident claim; we are happy, however, to courtesy-bill your insurance carrier once we have the accident claim information.

If your visit to EvergreenHealth Monroe is the result of a motor vehicle accident, we ask that you provide the name of your automobile insurance, your claim number and the claims billing address, so that we can bill the carrier for PIP (personal injury protection) coverage. If you have the insurance information and claim number for the third party carrier, please provide this information as well.

We will bill your health care insurance carrier as secondary to your PIP provider if there is a balance after the auto carrier has processed your claim.

Worker's Compensation Accident Claims

If your visit is a work-related accident or illness, we will bill the Washington State Department of Labor & Industries or other employer self-insured workers' compensation programs. We will provide information about your accident and health status within the required time frame so you are able to receive any time-loss payments or other benefits associated with work-related incidents.

Other Accident Claims

If your accident is not auto- or work-related, but there is insurance coverage, please provide us with your carrier and claim number so we can send a courtesy claim on your behalf.

No Insurance Coverage

Prior to your arrival or during your hospital visit, admitting registrars will inform you of options for payment of your hospital account and direct you to our financial counselor for additional assistance. An EvergreenHealth Monroe financial counselor will ask you for information about your ability to pay to determine whether you may be eligible for assistance through the Washington State Health Care Exchange. If you do not qualify for the Department of Social and Health Services (DSHS) program, your financial information will be used to screen you for eligibility for other programs or payment options.

YOUR PAYMENT WITHIN 35 DAYS OF DISCHARGE may qualify you for a 30 percent uninsured patient discount.

Approximately five (5) days after your hospital visit, EvergreenHealth Monroe will provide you a summary bill that identifies the charges for the services you received. We will send you a statement with a payment request, and authorize the 30 percent patient discount for charges. EHM recognizes the significant financial burden for health care services for patients without health care coverage. We provide a prompt-pay discount to offer uninsured patients a discount that is similar to the discount taken by our contracted insurance carriers.

If you are unable to pay the amount due in full when you receive your statement, please contact our financial counselor at 360.794.1495 to discuss options for payment arrangements.

District Tax Benefit Program

If you own your home and live in the Public Hospital District #1 of Snohomish County geographical boundaries, you may be eligible for a special discount on the self-pay portion of your hospital bill. Our Board of Commissioners has authorized our financial counselors to apply a self-pay adjustment up to the amount of the property tax that district residents pay annually in support of the hospital. For more information about this benefit, please call our financial counselor at 360.794.1495.

Financial Assistance

If you have applied for, but do not qualify for, DSHS (Medicaid), and are unable to pay for your care, you may apply for our Charity Care Program. You are required to fill out an application and provide personal financial information such as family size and income to evaluate your eligibility for the hospital's Charity Care Program. We will send you notification regarding your eligibility or a request for further information.

List of Other Providers

As noted at the beginning of this important notice, hospital-based physicians who may care for you during your EvergreenHealth Monroe visit are listed below. These physicians are not EvergreenHealth Monroe employees, and may or may not participate in the same health care insurance contracts or financial assistance programs. If you receive a bill from these providers and have questions, please contact them directly:

Monroe Anesthesiologists	425.407.1500
Evergreen Emergency Services	800.793.3529
Puget Sound Institute of Pathology	800.234.7224
RADIA (Radiologists)	800.714.5937



Important Message From Medicare**Patient name:** DAVID, TEST,**Patient number:** 2345567**Your Rights as a Hospital Inpatient:**

- You can receive Medicare covered services. This includes medically necessary hospital services and services you may need after you are discharged, if ordered by your doctor. You have a right to know about these services, who will pay for them, and where you can get them.
- You can be involved in any decisions about your hospital stay.
- You can report any concerns you have about the quality of care you receive to your QIO at:
LIVANTA LLC 1-877-588-1123 TTY 1-855-887-6668
The QIO is the independent reviewer authorized by Medicare to review the decision to discharge you.
- You can work with the hospital to prepare for your safe discharge and arrange for services you may need after you leave the hospital. When you no longer need inpatient hospital care, your doctor or the hospital staff will inform you of your planned discharge date.
- You can speak with your doctor or other hospital staff if you have concerns about being discharged.

Your Right to Appeal Your Hospital Discharge:

- You have the right to an immediate, independent medical review (appeal) of the decision to discharge you from the hospital. If you do this, you will not have to pay for the services you receive during the appeal (except for charges like copays and deductibles).
- If you choose to appeal, the independent reviewer will ask for your opinion. The reviewer also will look at your medical records and/or other relevant information. You do not have to prepare anything in writing, but you have the right to do so if you wish.
- If you choose to appeal, you and the reviewer will each receive a copy of a detailed explanation about why your covered hospital stay should not continue. You will receive this detailed notice only after you request an appeal.
- If the QIO finds that you are not ready to be discharged from the hospital, Medicare will continue to cover your hospital services.
- If the QIO agrees services should no longer be covered after the discharge date, neither Medicare nor your Medicare health plan will pay for your hospital stay after noon of the day after the QIO notifies you of its decision. If you stop services no later than that time, you will avoid financial liability.
- If you do not appeal, you may have to pay for any services you receive after your discharge date.

See page 2 of this notice for more information.**Important Message from Medicare**

P.O. BOX 646
14701 179th AVENUE S.E.
MONROE, WA 98272-0646
(360) 794-7497

DAVID TEST
12/25/1971 2345667
DOCLAST DOCFIRST
ADM 05/22/2008
2345567



2345567

How to Ask For an Appeal of your Hospital Discharge

You must make your request to the QIO listed above.

Your request for an appeal should be made as soon as possible, but no later than your planned discharge date and before you leave the hospital.

The QIO will notify you of its decision as soon as possible, generally no later than 1 day after it receives all necessary information.

Call the QIO listed on Page 1 to appeal, or if you have questions.

If You Miss The Deadline to Request An Appeal, You May Have Other Appeal Rights:

- If you have Original Medicare: Call the QIO listed on Page 1.
- If you belong to a Medicare health plan: Call your plan at: _____

For more information, call 1-800-MEDICARE (1-800-633-4227), or TTY: 1-877-486-2048. CMS does not discriminate in its programs and activities. To request this publication in an alternate format, please call: 1-800-MEDICARE or email: AltFormatRequest@cms.hhs.gov.

Additional Information (Optional):

To speak with someone at the hospital about this notice, call 360-794-1401 Care Transitions Manager

Please sign below to indicate you received and understood this notice.

I have been notified of my rights as a hospital inpatient and that I may appeal my discharge by contacting my QIO.

Signature of Patient or Representative

Date/Time

Follow-up notice Delivered by Care Transitions:

Date/Time: _____

Patient agrees to accept Follow-Up IMM prior to 4 hour discharge time limit.

Signature _____

Date/Time: _____

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0692. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Important Message from Medicare



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2345567

Medicare Outpatient Observation Notice

Patient name: DAVID, TEST,

Patient number: 2345567

You are a hospital outpatient receiving observation services. You are not an inpatient because:
(Check all that apply)

- We need to perform additional tests to determine your treatment plan.
- We expect your hospitalization to last less than 2 midnights.
- Your current diagnosis can be treated with outpatient services.
- Other: _____

Being an outpatient may affect what you pay in a hospital:

- When you are a hospital outpatient, your observation stay is covered under Medicare Part B.
- For Part B services, you generally pay:
A copayment for each outpatient hospital service you get. Part B copayments may vary by type of service.
20% of the Medicare-approved amount for most doctor services, after the Part B deductible.

Observation services may affect coverage and payment of your care after you leave the hospital:

- If you need skilled nursing facility (SNF) care after you leave the hospital, Medicare Part A will only cover SNF care if you have had a 3-day minimum, medically necessary, inpatient hospital stay for a related illness or injury. An inpatient hospital stay begins the day the hospital admits you as an inpatient based on a doctor's order and does not include the day you are discharged.
- If you have Medicaid, a Medicare Advantage plan or other health plan, Medicaid or the plan may have different rules for SNF coverage after you leave the hospital. Check with Medicaid or your plan.

NOTE: Medicare Part A generally does not cover outpatient hospital services, like an observation stay. However, Part A will generally cover medically necessary inpatient services if the hospital admits you as an inpatient based on a doctor's order. In most cases, you will pay a one-time deductible for all of your inpatient hospital services for the first 60 days you are in a hospital.

If you have any questions about your observation services, ask the hospital staff member giving you this notice or the doctor providing your hospital care. You can also ask to speak with someone from the hospital's utilization or discharge planning department.

You can also call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Medicare Outpatient Observation Notice (MOON)


Monroe

P.O. BOX 646
14701 179th AVENUE S.E.
MONROE, WA 98272-0646
(360) 794-7497

DAVID TEST
12/25/1971 2345667
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2345567



2345567

Your costs for medications:

Generally, prescription and over-the-counter drugs, including "self-administered drugs", you get in a hospital outpatient setting (like an emergency department) are not covered by Part B. "Self-administered drugs" are drugs you would normally take on your own. For safety reasons, many hospitals do not allow you to take medications brought from home. If you have a Medicare prescription drug plan (Part D), your plan may help you pay for these drugs. You will likely need to pay out-of-pocket for these drugs and submit a claim to your drug plan for a refund. Contact your drug plan for more information.

If you are enrolled in a Medicare Advantage plan (like an HMO or PPO) or other Medicare health plan (Part C), your costs and coverage may be different. Check with your plan to find out about coverage for outpatient observation services.

If you are a Qualified Medicare Beneficiary through your state Medicaid program, you cannot be billed for Part A or Part B deductibles, coinsurance, and copayments.

Additional Information (Optional):

Please sign below to show you received and understand this notice.

Signature of Patient or Representative

Date / Time

CMS does not discriminate in its programs and activities. To request this publication in an alternative format, please call: 1-800-MEDICARE or email: AltFormatRequest@cms.hhs.gov.

Medicare Outpatient Observation Notice

(MOON)



Monroe

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14701 179th AVENUE S.E.
MONROE, WA 98272-0646
(360) 794-7497

DAVID TEST
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ADM 05/22/2008
2345567



2345567

Title: Informed Consent

Document Owner: Sarah Macht Department: Risk Management	Date Created: 07/01/1989
Approver(s): Lisa LaPlante	Date Approved: 02/19/2020
Affected Department(s): Quality	Version: 8

PURPOSE

To ensure that informed consent permits will be obtained and available in the patient's chart for all elective/non-emergent operative and/or special procedures prior to preoperative medication or initiation of the procedure.

POLICY

All health care team members at EvergreenHealth Monroe (EHM) led by the patient's attending physician, shall seek to encourage *collaborative decision making* between or amongst the patient, (or the patient's surrogates) the patient's significant others and members of the health care team. Team members shall endeavor to present important information to the patient. The scope of the information presented to the patient shall depend on the nature of the proposed treatment, the ability of the patient to understand, the availability of teaching tools, and the scope of responsibility of the healthcare worker. The patient (or the patient's legally authorized surrogate) shall be responsible for determining the direction and course of his or her health care in collaboration with all members of the health care team. Patient care circumstances may arise in which conflicts of interest exist regarding the care of minors. Careful attention must be paid to determine which individuals are legally entitled and/or required to provide consent.

Informed consent must be obtained and available in the patient's chart for all elective operative and/or special procedures prior to moving the patient to the procedure room, except in areas where the patient is directly admitted to the procedure room or in emergency situations (see below for criteria) and prior to the patient being given any preoperative medication. The consent must be obtained whenever the planned procedure meets any of the following criteria:

- a. Any surgical procedures and/or procedures requiring anesthesia
- b. Any procedure involving high radiation exposure

Paper copies of this document may not be current and should not be relied on for accuracy. The current version is located at ehm.policytech.com.

Title: **Informed Consent**

- c. For any diagnostic or therapeutic procedure or other medical treatment which involves significant material risk
- d. For any use of a drug with a significant, material risk of an adverse reaction
- e. Any other procedures which pose a significant and material risk which would reasonably require a specific explanation to the patient.

PROCEDURE

1. Patients will sign a general statement authorizing care at the time of registration for admission, diagnosis, or treatment.
2. The treating physician/practitioner has primary responsibility for obtaining consent. The written consent serves as a memorandum of understanding between the patient and the practitioner. The practitioner should personally explain the treatment to the patient and, whenever possible, sign the form as a witness (or check the box "Witnessed by Provider below"). The practitioner who explained the treatment to the patient must sign the attestation on the form. When appropriate, other witnesses may sign the form in addition to the practitioner. The purpose of the witness is to confirm the signing of the consent by the patient and the patient's competence to sign.
3. When appropriate and in the best interest of the patient, consent may be obtained by another physician/practitioner or a Non-Physician Provider (NPP) under the supervision of the treating physician/practitioner, with complete knowledge of the procedure. At EvergreenHealth Monroe, NPPs include Advanced Registered Nurse Practitioner (ARNP), Physician's Assistant Certified (PA-C), Certified Registered Nurse Anesthetist (CRNA), and Certified Nurse Midwife (CNM).
4. Under Washington State law, physicians are responsible for the acts of Non-Physician Providers (NPPs) under their supervision. Qualified medical practitioners who are not physicians who will perform important parts of the surgery or administration of anesthesia may perform only those tasks that are within their scope of practice, as determined under Washington State law and regulation, and for which they have been granted privileges by the hospital.
5. The treating practitioner(s) must have the patient, or his or her legal representative, sign an informed consent form prior to moving the patient to the procedure room, except in areas where the patient is directly admitted to the procedure room or in emergency situations

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Title: **Informed Consent**

(see below for criteria). For scheduled/elective procedures, consents should be completed prior to the patient being admitted. A copy of the signed consent should be given to the patient at time of signing. Practitioners should verbally describe any information which they or their professional specialty feel is significant in the proposed treatment or procedure and make a note either in the patient's medical record or on the consent form itself concerning the content of the discussion with the patient.

6. Anesthesiologists should make every effort to personally discuss with the patient the risks involved in anesthesia. Proper notation of the discussion should be entered in the anesthetic record, the patient's medical record or on a separate informed consent form.
7. One copy of the completed and signed form should be retained by the treating provider, hospital, and patient.
8. A consent is considered valid for no more than 90 days after the form is signed and dated. A consent form is not considered valid after the procedure consented for has been performed or after discharge from the hospitalization for which the consent was given, unless consent was clearly for continuing treatment.
9. Informed consent forms and admission orders documented outside of EvergreenHealth Monroe's EMR or on a paper document should be faxed to the Health Information Management (HIM) Department prior to the patient's admission to the hospital for scheduled/elective procedures.
10. A certified medical interpreter or translated version of the form must be used when the patient is non-English speaking and the use of an interpreter must be documented on the consent form.
11. Staff will advise the physician if the patient appears to be unable to understand the proposed course of diagnosis or treatment or if appropriate documentation of consent is missing from the medical record, prior to preparation of the patient for the procedure.

CONTENT OF CONSENT FORM:

1. A valid consent form must contain the following information, in language that the patient could reasonably be expected to understand:
 - a. Name of the hospital where the procedure is to take place

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Title: **Informed Consent**

- b. Name of the specific procedure for which consent is being given, in both medical and lay language
 - c. Name of the responsible practitioner who is performing the procedure
 - I. If a Healthcare Industry Representative will be present in the operating room or procedure room
 - d. That the provider discussed the benefits, risks, complications, side effects and alternative forms of treatment
 - e. The date and time the consent was signed by the patient, practitioner, and witness
2. NOTE: The preferred consent form is based on the Washington State Hospital Association (2018) model informed consent form.
 3. In the event an explanation of a planned surgery or procedure is handled over the telephone, the patient's (or their legal representative's) consent can be documented on the form and it must be witnessed by the practitioner and at least one other person. The fact that it is a telephone consent must be noted on the document.
 4. Informed consents shall be signed by the patient if he/she is over 18 years of age and mentally competent. Consents must be signed before sedation is given. (NOTE: Consents from patients who are not competent, in severe pain, sedated, or in severe emotional distress are not valid.) If the patient is unable to sign or is not mentally competent, Washington State regulations regarding substituted consent must be followed. Please see EvergreenHealth Monroe's policy on *Informed Consent on Behalf of Incapacitated Patients* for the list of surrogate decision-makers.
 5. Informed Consent for minors shall follow Washington State regulations found in EvergreenHealth Monroe's policy *Consent for Care of Minors*.
 6. If an informed consent is not obtained for any reason, the performing provider shall document the reason in the procedure note or progress note. Examples of reasons include:
 - a. In the event of an emergency (see Emergency Cases below)
 - b. Patient is unable to sign the consent and a legal representative or surrogate decision maker is not available

Emergency Cases

1. An emergency exists when immediate treatment is necessary to preserve life, or to prevent serious deterioration or aggravation of the patient's condition. If the patient is unable to sign the consent, the practitioner should document on the progress note that he/she wishes to proceed with the needed surgery or procedure. If a family member is present at the hospital or can be contacted by telephone, consent should be obtained from the appropriate next of kin or surrogate decision maker.

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2. When no family member can be reached or surrogate decision makers:
 - a. The practitioner should obtain a second opinion or consult if the case is urgent but could be delayed for 15-20 minutes or more. The second practitioner should document his/her assessment on the progress note.
 - b. If the case is truly emergent, the practitioner should proceed with the procedure or surgery.

REFERENCES:

Consent for Care of Minors Policy

Informed Consent on Behalf of Incapacitated Patients Policy

Title: Mental Health Advance Directives

Document Owner: Robin Stake Department: Care Management	Date Created: 02/09/2004
Approver(s): Malachi Lones, Sarah Macht	Date Approved: 09/18/2020
Affected Department(s): Care Management	Version: 8

POLICY

Persons with mental illness may fluctuate between periods of capacity and incapacity. Mental health advance directives provide a method of expressing instructions and preferences for treatment in advance of a period of incapacity and providing advance consent to or refusal of treatment.

It is the policy of EvergreenHealth Monroe to honor mental health advance directives that meet state law requirements, medical and ethical practice standards, and the policies and procedures of this hospital. The hospital and medical staff shall presume a properly executed mental health advance directive is valid and will honor it, even if one or more provisions of the directive are deemed to be invalid. However, in those circumstances where it is not appropriate or permissible to honor mental health advance directives, the patient and/or their designated agent will be advised and appropriate documentation made in the patient’s medical record.

PURPOSE

The purpose of this policy is to describe how the hospital, hospital staff, and medical staff will comply with their legal, ethical, and other obligations concerning mental health advance directives. The policy does not address all aspects of the law governing mental health advance directives, but attempts to focus on those most relevant to this organization.

DEFINITIONS

The following are key terms referred to in the law governing mental health advance directives, and are used in the procedures discussed below:

Agent: an agent has legal authority to make decisions for a patient within the limits the patient has set on the agent’s decision-making power

Capacity : an adult that has not been found to be incapacitated under the mental health

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advance directives procedures set out in this policy, or under the Washington state guardianship statute RCW 11.88.010(1)(e) has capacity

Health care provider : osteopathic physician or osteopathic physician’s assistant, a physician or physician’s assistant, or an advanced registered nurse practitioner

Incapacitated : an adult who (a) is unable to understand the nature, character, and anticipated results of proposed treatment or alternatives; understand the recognized serious possible risks, complications, and anticipated benefits in treatments and alternatives, including nontreatment; or communicate his or her understanding or treatment decisions; or (b) that has been found to be incompetent under the Washington state guardianship statute RCW 11.88.010(1)(e)

Professional person : a mental health professional or a physician, or registered nurse

Principal : an adult who has made a mental health advance directive

Mental health advance directive : a written document in which a patient makes a declaration of instructions or preferences or appoints an agent to make decisions on behalf of the patient regarding the patient’s mental health treatment, or both, and that is consistent with the provisions of Washington’s mental health advance directive statute

Mental health professional : a psychiatrist, psychologist, psychiatric nurse, or social worker

PROCEDURE

1. On receipt of a mental health advance directive, a copy of the directive shall be placed in the patient’s chart.
2. On receipt of a directive a medical staff member shall determine the validity of the directive. It must:
 - a. Be in writing;
 - b. Include language that shows an intent to create a mental health advance directive;
 - c. Be dated and signed by the patient or be dated and signed in the patient’s presence at his or her direction;

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- d. State whether the directive may or may not be revoked during a period of incapacity; and,
 - e. Contain the signatures of two witnesses following a declaration that the witnesses personally know the patient, were present when the patient dated and signed the directive, and that the patient did not appear to be incapacitated or acting under fraud, undue influence, or duress.
3. The following areas of the directive shall also be reviewed for validity:
- a. Appointment of agent: If the directive includes appointment of an agent it must contain the words “This power of attorney shall not be affected by the incapacity of the principal,” or “This power of attorney shall become effective upon the incapacity of the principal, or similar words.
 - b. Effective date: A directive may be effective immediately after it is executed or it may become effective at a later time. Mental health advance directives validly executed before the effective date of ESSB 5223, the law relating to mental health advance directives, are effective until they are revoked, superseded, or expire.
 - c. Directives created outside Washington state: A directive validly executed in another political jurisdiction is valid to the extent it is permitted under Washington state law.
 - d. Witnesses: Hospital staff and employees, medical staff members or any other person involved in the patient’s care *are not permitted* to witness a mental health advance directive.
4. The patient shall be asked whether he or she is subject to any court orders that would affect the implementation of his or her directive. If so, a copy of the court order must be obtained and placed in the patient’s chart.
5. On admission the admitting medical staff member shall, in accordance with the requirements of section VI of this policy, ascertain whether compliance with the directive or portions of it is possible.
6. During treatment, in accordance with the requirements of section VI of this policy, the attending medical staff member shall ascertain on an ongoing basis whether compliance with the directive or portions of it is possible.

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7. On receipt of an agent's notice of withdrawal, the notice and the effective date shall be noted in the patient's chart. If there is no effective date, the notice is effective immediately.
8. A revocation of a mental health advance directive is effective upon receipt and shall be made part of the medical record immediately.

NON-COMPLIANCE WITH DIRECTIVE INSTRUCTIONS

1. Ability to object on ***initial*** receipt of directive:
 - a. If unable or unwilling to comply with any part or parts of the directive ***for any reason***, an objection can be made to that part or those parts of the directive.
 - b. Notify the patient of the objection, and, if applicable his or her agent and document the part or parts of the directive that are objectionable and the reason in the patient's medical chart.
2. Ability to object ***once acting under authority of a directive***:
 - a. Unless an objection to treatment in accordance with the advance directive has been noted on receiving the directive, treatment shall follow the directive.
 - b. When acting under the authority of a directive, the provisions of the directive shall be followed to the fullest extent possible, ***except for the following reasons***:
 - Compliance with the provision of the mental health advance directive would violate the accepted standard of care;
 - The requested treatment is not available;
 - Compliance would violate the law; or,
 - The situation constitutes an emergency and compliance would endanger any person's life or health
 - c. If unable to comply with any part or parts of the directive for the reasons cited above, the patient, and if applicable, his or her agent shall be notified and the reason documented in the medical record. All other parts of the directive shall be followed.

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3. If a patient is involuntarily committed or detained for involuntary treatment and provisions of the mental health advance directive are inconsistent with either the purpose of the commitment or any court order relating to the commitment, those provisions may be treated as invalid during the commitment. However, the remaining provisions of the directive are advisory while the patient is committed or detained.

DECLARING A PATIENT INCAPACITATED

1. When a patient with a mental health advance directive, or an agent for such a patient if applicable, seeks either inpatient or outpatient mental health treatment for the patient under the terms of the directive a capacity determination shall be made. Once a patient with a mental health advance directive has been determined to be incapacitated in accordance with the procedures below, his or her mental health advance directive will go into effect.
2. Capacity determinations:
 - a. At least one mental health professional or health care provider must personally examine the patient prior to making a capacity determination.
 - b. Prior to a capacity determination, a health care provider shall advise the patient that a capacity determination is being sought and that the patient may request the determination be made by a court.
 - c. If the patient chooses a court hearing:
 - The patient shall be given the opportunity to appear in court; and,
 - A mental health provider shall testify.
 - d. A capacity determination, for purposes of mental health advance directives, may only be made by:
 - A court, if the request is made by the patient or the patient's agent;
 - One mental health professional and one health care provider; or
 - Two health care providers.

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(Note: For purposes of 2 and 3 above, one of the persons making the determination must be a psychiatrist, psychologist or psychiatric advance registered nurse practitioner.)

- e. ***An initial determination of capacity must be completed within 48 hours of a request.*** During the period between the request for an initial determination of the patient's capacity and its completion, the patient may not be treated unless consent is given, or treatment is otherwise authorized by state or federal law. If the patient qualifies for involuntary treatment under the state involuntary treatment laws, he or she may be treated.
 - f. If an incapacitated person is already being treated according to his or her directive, a request for redetermination of capacity does not prevent treatment.
3. Capacity determination time frames and obligations:
- a. Inpatient treatment:
 - Reevaluate capacity within 72 hours of admission or when there has been a change in the patient's condition that indicates he or she appears to have regained capacity, whichever occurs first.
 - After 72 hours of inpatient treatment, reevaluate capacity when there has been a change in patient's condition that indicates he or she appears to have regained capacity.
 - At the request of the patient and/or his or her agent, a redetermination of the patient's capacity must be made within 72 hours.
 - If a patient does not have an agent for mental health treatment decisions and asks for a determination or redetermination of capacity, complete the determination, or if the patient is seeking a determination from a court, make reasonable efforts to notify the person legally authorized to make decisions for the patient.
 - b. Outpatient treatment:
 - When a patient requests a redetermination of his or her capacity, the redetermination must be made within 5 days of the first request following a determination.

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- If a patient being treated does not have an agent for mental health treatment decisions, the person requesting a capacity determination shall arrange for the determination.

(Note: If a capacity determination is not made within the time frames set out under “inpatient treatment” and “outpatient treatment” above, the patient shall be considered to have capacity. The patient shall be treated accordingly.)

INPATIENT TREATMENT

1. Consent to inpatient admission in a directive is effective only if there is substantial compliance with the material provisions of the directive related to inpatient treatment.
2. If the admitting physician is not a psychiatrist, the patient must receive a complete psychological assessment by a mental health professional within 24 hours of admission to determine the continued need for inpatient evaluation or treatment.
3. If the patient is found to have capacity, he or she may only be admitted to or remain in inpatient treatment if he or she consents or is detained under the state involuntary treatment law.
4. If an incapacitated patient continues to refuse inpatient treatment, he or she may seek injunctive relief from a court.
5. **Discharge after 14 days of treatment:** At the end of the period of time that the patient or his or her agent consented to voluntary inpatient treatment, but not longer than 14 days after admission, if the patient has not regained capacity or has regained capacity but refuses to consent to remain for additional treatment, release the patient during reasonable daylight hours unless detained under the state involuntary treatment law.
6. Discharge for patients with mental health advance directives voluntarily admitted to inpatient treatment: If a patient takes action demonstrating a desire to be discharged, and makes statements requesting to be discharged, the patient shall be allowed to be discharged and may not be restrained in any way in order to prevent his or her discharge. (Note, however, that if a patient presents a likelihood of serious harm or is gravely disabled, the patient may be held for sufficient time to notify a Designated Mental Health Professional (DMHP) in order to allow for evaluation and possible detention under state involuntary treatment laws.)

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7. Inpatient treatment for patients with a ***directive consenting to admission*** but ***currently refusing admission***:
 - a. The following admission procedure shall be followed for a patient who:
 - Chose not to be able to revoke his or her directive during any period of incapacity;
 - In his or her mental health advance directive consented to voluntary admission to inpatient mental health treatment or authorized an agent to consent on the patient's behalf; and,
 - At the time of admission to inpatient treatment, refuses to be admitted.
 - b. In such cases, in order for the hospital to admit the patient pursuant to the mental health advance directive, a physician member of the hospital medical staff shall:
 - Evaluate the patient's mental condition and determine in conjunction with another health care provider or mental health professional, that the patient is incapacitated;
 - Obtain the informed consent of the agent, if any, designated in the directive;
 - Document that the patient needs an inpatient evaluation or is in need of inpatient treatment and that the evaluation or treatment cannot be accomplished in a less restrictive setting; and,
 - Document in the medical record a summary of findings and recommendations for treatment or evaluation.
 - c. The hospital may not use or threaten unreasonable confinement if the patient refuses to stay in the hospital.

AGENT AUTHORITY

1. Unless the directive has been revoked, the decisions of an appointed agent must be consistent with the instructions and preferences expressed in the directive or if not expressed, otherwise known to the agent. If the patient's instructions or preferences are not known, the agent must make a decision he or she determines is in the best interests of the patient.
2. Except as may be limited by state or federal law, the agent has the same right as the patient to receive, review, and authorize the use and disclosure of the patient's health care

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information when the agent is acting on behalf of the patient and to the extent required for the agent to carry out his or her duties.

3. A directive may give the agent authority to act while the patient has capacity. Even if the directive gives such authority to the agent, the decisions of the patient supersede those of the agent at any time the patient has capacity.
4. On receipt of an agent's notice of withdrawal, the notice, and effective date if one is provided, shall be noted in the patient's chart. If no effective date is specified, the notice is effective immediately.

REVOCATION/EXPIRATION OF A DIRECTIVE

1. A patient with capacity may revoke a directive in whole or in part by a written statement. An incapacitated patient may revoke his or her directive only if he or she elected at the time of executing the directive to be able to revoke when incapacitated.
2. The revocation is effective immediately upon receipt and shall be made part of the medical record.
3. If a patient makes a subsequent directive, it revokes in whole or in part (either by its language or to the extent of any inconsistency) the previous directive.
4. A directive remains effective to the extent it does not conflict with a court order and no other proper basis for refusing to honor the directive or portions of it exists.
5. If a mental health advance directive is scheduled to expire, but the patient is incapacitated, the directive remains in effect unless the directive specifies that the patient is able to revoke while incapacitated and has revoked the directive.

CONFLICTING DIRECTIVES OR AGENCY APPOINTMENTS

1. Discrepancies in directives or in agent appointments shall be reported to the supervisor or nurse manager.
2. If an incapacitated patient has more than one valid directive and has not revoked any of his or her directives then the most recently created directive controls any inconsistent provisions unless one of the directives states otherwise.

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3. If an incapacitated patient has appointed more than one agent via a durable power of attorney with the authority to make mental health treatment decisions, the most recently appointed agent shall be treated as the patient's agent for mental health treatment decisions unless otherwise provided in the appointment.
4. Any time a patient with capacity consents to or refuses treatment that differs from the provisions of his or her directive, the consent or refusal constitutes a waiver of any provision of the directive that conflicts with the consent or refusal. However, it does not constitute a revocation of that provision unless the patient also revokes that provision or the directive in its entirety.

References:

Washington State Hospital Association, Section 2: Mental Health Directives, 2020

Washington State Health Care Authority Mental Health Advance Directives, 2020

RCW Chapter, Washington State, 71.32, mental Health Advance Directives

Title: Patient Rights and Responsibilities

Document Owner: Sarah Macht Department: Risk Management	Date Created: 09/30/1989
Approver(s): Lisa LaPlante	Date Approved: 09/30/2020
Affected Department(s): Quality	Version: 9

PURPOSE

To ensure that hospital employees have a clear understanding of patient rights and responsibilities as established by State and Federal regulations, and the employee's role in assisting patients in the exercising of their rights and responsibilities.

POLICY

The hospital recognizes the personal dignity of all patients and respects the rights of the patient, recognizing that each patient is an individual with unique health care needs. The hospital provides considerate, respectful care focused upon the individual needs of all patients including those of infants, children, adolescents, elderly and vulnerable adults and their parents or guardians.

The hospital supports the participation of the patient in decisions regarding his or her medical care, including treatment decisions, advance directives, decisions regarding resuscitation or discontinuation of treatment, to the extent permitted by law.

The hospital informs patients about their responsibilities while receiving care, treatment, and services and assists them in the exercise of their rights and responsibilities.

PROCEDURE

Information regarding Patient Rights and Responsibilities is made available to each patient on admission, and as needed thereafter. This information is provided in written format by Admitting/Registration staff during the admitting process, and is also posted near hospital entrances. All hospital staff are educated about patient rights and responsibilities.

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Title: **Patient Rights and Responsibilities**

The patient has the right to:

- Be notified of their rights and exercise their rights in regard to care.
- Receive safe, private, high-quality and respectful care.
- Be provided impartial access to care.
- Receive medical services in a life-threatening emergency.
- Have a family member or representative of their choice and their physician notified promptly of admission to the hospital.
- Receive visitors the patient or their support person designates, including, but not limited to: a spouse, domestic partner, other family member or friend. Visitors are restricted from most treatment and procedure areas and may be limited based on the patients' medical condition. The patient has the rights to withdraw or deny consent at any time.
- Have comfort needs addressed through appropriate patient assessment and management.
- Be informed of aspects of their condition to help make informed decisions regarding their care.
- Request medically necessary and appropriate services or refuse treatment or services to the extent permitted by law, and be informed of the potential consequences of such an action.

Note: In the event that a patient refuses treatment or services, the physician will be notified, and the refusal will be documented in the patients' medical record. The physician will then discuss alternatives and potential risks of not receiving the care prescribed with the patient, and a new care plan will be created.

- Receive detailed information, in terms the patient can understand, about their care, illness, treatment or other service that they may be receiving.
- Know the name of their physician and others who are caring for them.

Title: **Patient Rights and Responsibilities**

- Effective written and verbal communication that is appropriate to their age, understanding and language.
- Actively participate in decisions involving their care, including the consideration of ethical issues, and be informed in advance of any change in the plan of care.
- Receive care from personnel who are properly trained to perform assigned tasks and to coordinate services.
- Courteous and respectful treatment of person and property, privacy, and freedom from abuse and discrimination.
- Receive spiritual care, if desired.
- Confidential management of patient records and information.
- Access information in their own patient record within a reasonable amount of time following your request.
- Be informed of the process for submitting and addressing any complaints to the hospital facility or a state agency.
- Receive an explanation of their bill and our policy concerning billing and payment for services, and the right to inquire about the possibility of financial assistance.
- Seek a second opinion or choose another caregiver.
- Freedom from the use of seclusion or restraint in any form unless medically necessary for the patients wellbeing.
- Receive adequate information to help you make an informed decision whether to participate or refuse to participate in experimental treatment or research.
- Be informed that refusing to participate in research will not compromise the patients' access to care, treatment and services.

Title: **Patient Rights and Responsibilities**

- Sign an advanced directive such as a living will or durable power of attorney for health care and have hospital staff and the patients' providers comply with their directives to the extent permitted by hospital policy and state and federal laws.
- Be informed of the reason for impending discharge, transfer to another facility and/or level of care, ongoing care requirements, and other available services and options, as appropriate.
- If a Medicare patient, they have the right to receive a notice of discharge rights as well as a notice of non-coverage rights, and to be notified of the right to appeal premature discharge.

The patient has the responsibility to:

- Participate in decisions involving their care.
- Provide a complete and accurate medical history to the best of their knowledge, and to provide information about current medications or treatments.
- Ask questions and seek clarification of their diagnosis, course of treatment or care plan.
- Provide information about complications or health symptoms.
- Follow the proposed course of treatment or care, recommendations and advice upon which the patient and their provider have agreed.
- Be considerate of the right of other patients and clients, and care personnel, and to be respectful of property.
- Provide accurate and timely information about sources of payment and ability to meet financial obligations.
- Make it known whether they understand what is expected of them, and whether they are able and willing to comply.

Title: **Patient Rights and Responsibilities**

REFERENCES

CFR 482.13(a) and (b), Hospital Patients' Rights
CFR 482.13(h), Hospital Patients' Rights
WAC246-320-141, Patient Rights and Organizational Ethics

Title: **Patient Visitors**

Document Owner: Beverly Selga Department: Surgery	Date Created: 02/27/2012
Approver(s): Midori Larrabee, MD	Date Approved: 05/07/2018
Affected Department(s): Administration	Version: 4

PURPOSE

EvergreenHealth Monroe (EHM) recognizes the value of family and friends involvement in the healing process. We respect the patient right to designate visitors or restrict/refuse visitors and we strive to ensure that all visitors of patients of EvergreenHealth Monroe enjoy equal visitation privileges consistent with patient preferences and subject to the hospital’s clinical restrictions.

DEFINITIONS

Clinical Restrictions – means any clinically necessary or reasonable restriction or limitation imposed by the hospital on a patient’s visitation rights which is necessary to provide safe care to the patient or other patients. A Clinical Restriction may include, but is not limited to:

- Court order limiting or prohibiting contact
- Behavior presenting a direct risk or threat to the patient, staff, or others
- Behavior that disrupts the patient care unit
- Limitations on the number of visitors at one time
- Patient risk of infection by the visitor
- Visitor risk of infection by the patient
- Patient need for privacy or rest
- During clinical intervention or procedure at health care professional’s discretion

Support Person – means a family member, friend or other individual who is at the hospital to support the patient during the course of the patient admission, and may exercise the patient’s visitation rights on patient’s behalf if patient is unable to do so. Such individual may be, but need not be an individual legally responsible for making medical decisions on the patient’s behalf.

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Title: **Patient Visitors**

POLICY

1. Statement of Patient Visitation Rights

Prior to care being provided, the patient will be informed of his/her rights (or the Support Person will be informed, if appropriate) in writing of:

- Patient's visitation rights
- Patient's right to receive the visitors whom he/she designates, including but not limited to a spouse, a domestic partner (including same sex partner), another family member, or a friend
- Patient's right to withdraw or deny the visitor consent at any time
- Clinical Restrictions that may be imposed on a patients visitation rights

All visitors designated by the patient (or Support Person) shall enjoy visitation privileges that are no more restrictive than those that immediate family members would enjoy.

2. Selection of Visitors

- The hospital will accept verbal confirmation from a patient of individuals who should be admitted as visitors and individuals who should be denied visitation rights. The information will be recorded in the patient's medical record for future reference.
- In the event the patient is a minor, the legal parent of the minor shall be given the opportunity to verbally designate the individuals permitted to visit the minor patient.

3. Selection of a Support Person

- A patient may verbally designate a Support Person to exercise the patient's visitation rights on his/her behalf, should be patient be unable to do so.
- The legal status of the relationship between the patient and the designated Support Person shall be irrelevant.
- The designation of an individual as the patient's Support Person does not extend to medical decision making.
- In the event the patient is unable to exercise his or her patient visitation rights the hospital will recognize the Support Person's verbal directive as to who should be admitted as visitors of the patient and who should be denied visitation rights.

4. Incapacitated Patients

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Title: **Patient Visitors**

In the event a patient is unable to select visitors due to incapacitation, and the patient has not designated a Support Person to exercise the patient's visitation rights, the hospital may consider the following forms of proof to establish the appropriateness of a visitor or to designate a Support Person for the patient when two or more individuals claim to be the Support Person:

- Advance directive naming the individual as a support person, approved visitor, or designated decision maker (or other written documentation)
- Shared residence
- Shared ownership of a property or business
- Financial interdependence
- Marital/relationship status (parent/child, domestic partnership)

5. Clinical Restrictions on Patient Visitation Rights

The hospital may impose Clinical Restrictions on a patient's visitation rights. When restricting visitation rights, the hospital will explain to the patient (or Support Person, as applicable) the reasons for the restrictions or limitations on visitation rights and how the visitation policies are aimed at protecting the health and safety of all patients.

The hospital will not restrict, limit or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation or disability.

6. Visiting Hours

Hospital visiting hours are not restricted.

Visitors who wish to stay after hospital doors are locked (during night time hours) should discuss their plan with the charge nurse.

Visitors who come to the hospital after hospital doors are locked and enter through the Emergency Department, must check-in at Admitting and be escorted to the patient room by the Administrative Supervisor.

7. Infection Control

Title: **Patient Visitors**

To prevent infection, all visitors are asked to clean their hands before and after visiting a patient. Hand sanitizer is available throughout the hospital. Patients and visitors are encouraged to ask staff, including physicians, if they have washed or sanitized their hands prior to entering the room.

Visitors are requested to adhere to the following guidelines:

- Anyone recently exposed to a communicable disease (chicken pox, measles, whooping cough) should not visit. See Clinical Restrictions on Patient Visitation Rights, above.
- Be respectful of the patient's desire for privacy or rest. See Clinical Restrictions on Patient Visitation Rights, above.
- Food is not always an appropriate gift. Visitors should ask staff about dietary restrictions prior to bringing food or drink to a patient.
- In certain situations it may be necessary for physicians and care providers to facilitate communication and disseminate information to other concerned family members and friends through the patient's representative or support person.

Special Precautions - When a patient is under Droplet or Contact Precautions, visitors will be required to follow strict precautions prior to entering the patient room, i.e., mask, gown, gloves, and follow hand washing practices when leaving the room.

8. Emergency Department

Visitors in the Emergency Department will be asked to wait in the waiting area until the patient has been assessed by the Emergency Department staff. Visitors will be escorted by a staff member to the patient room and are limited to one (1) at a time at the bedside, and may be asked to leave for examinations and/or procedures.

- If a child is the patient, both parents may be in the room.
- Corrections officers remain in the room with the offender. In some circumstances one correction officer stays right inside or outside of the door with a view to the hallway.
- Visitors will be discouraged from standing in doorways and/or sitting in chairs in the doorway or outside the room in the hall, due to safety and confidentiality concerns.

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- Additional visitors may be allowed to a patient in a critical situation.

Depending on the current status of Emergency Department patients, and/or their condition, or in the event of an ongoing situation, it is possible for ED staff to prohibit any visitors in the department, except corrections officers.

9. Balloons

For health and safety reasons, latex balloons are not permitted in the hospital. Mylar balloons are acceptable.

If any patient believes that his or her patient visitation rights have been violated, they may file a complaint by contacting any hospital employee or the Patient Advocate.

BIBLIOGRAPHY

CFR 482.13(a) and (b), Hospital Patients' Rights
CFR 482.13 (h), Hospital Patients' Rights
CFR 485.635(f), Patient Visitation Rights