

ADMINISTRATIVE ORDER 2:10
(Revised 11/1/77)

DEPARTMENT OF HUMAN SERVICES

EFFECTIVE DATE: 1 November 1977 DATE ISSUED: 15 October 1977

SUBJECT: Informed Consent to Perform
Medical or Surgical Treatment

This Administrative Order establishes the Department's policies and procedures required in obtaining informed consents for physicians to perform medical or surgical treatments.

I. GENERAL POLICIES

- A. "Informed Consent" shall mean that a patient, having been advised of the nature, purpose, and any reasonably foreseen risks of a prescribed medical or surgical treatment, voluntarily accepts and permits this treatment.
- B. Informed consent of the patient is essential in every type of medical procedure; it shall be obtained in writing and signed by the patient and a witness.
- C. The person involved must have legal capacity to give consent and be able to exercise free choice without any element of force or coercion. The individual must have sufficient knowledge and comprehension of the nature of the treatment to enable him to make an understanding and enlightened decision. Therefore, he must be told the nature, duration, and purpose of the medical or surgical procedure, all inconveniences and hazards, and the effects upon his health or person which can be reasonably expected.
- D. Ethical and scientific considerations dictate that medical or surgical procedures must be undertaken only under rigorously defined and controlled conditions. The basic underlying principle is that human beings have inalienable rights which must always be given priority.

E. Medical and surgical treatments shall be conducted only when medically necessary, when physical facilities to protect the subject are adequate, and only by medically qualified persons. Performance shall always be in accordance with generally accepted medical standards.

F. Informed Consents

The necessity of properly obtaining the informed consents of the competent subjects or the legal guardians in the case of incompetent subjects or minors, before performance of medical or surgical procedures, cannot be overemphasized. Such informed consents are required for legal protection of the physicians and the State as well as of the subject. Informed consents should always be in the form of written and signed documents.

The general purpose of these documents is to record evidence that the responsible subject (or guardian) knows the purpose of the medical or surgical procedures, specifically what is to be done to him, the risks involved as far as these may reasonably be foreseen, and that participation of the individual is completely voluntary. The signed Informed Consent Form, completely filled in, showing the information provided to the subject or his guardian, shall be maintained in appropriate medical records of the individual concerned.

G. The attached form "Authorization for Medical or Surgical Treatment" shall be utilized by all institutions within the Department to secure informed consent for general medical or surgical procedures.



Ann Klein
Commissioner

DEPARTMENT OF HUMAN SERVICES
AUTHORIZATION FOR MEDICAL OR SURGICAL TREATMENT

Date: _____

In order that _____ may have the benefit of any medical, surgical, dental and psychiatric treatments which may be of help and assist in the recovery and restoration to physical and mental health, I hereby request the medical staff of the _____ to use all methods of diagnosis and treatment which in their judgment are indicated.

I understand that in the event the condition requires prompt emergency treatment the institution will make every effort to reach a family member or guardian to seek consent. However, in the effort to save life or preserve the health of the patient in an emergency situation, I hereby consent to such treatment. I also consent to the administration of anaesthesia for such procedure and the disposal by authorization of the above-named facility, of any tissues or parts which it may be necessary to remove.

In other cases requiring elective surgery, I understand that special consent will be requested as the occasion arises.

I have carefully read the paragraphs above and/or they have been fully explained to me and I understand the nature and consequences of the authorization and consent I am hereby granting.

Signature: _____

Relationship: _____

Address: _____
Street

City State

Telephone: _____

Witness: _____

Address: _____

Date: _____