General Consent, Treatment and Release of Information

CHE Revenue Cycle Education
MARCH 2023
Corporate Registration

Educators

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All Corewell Health regions will move to a harmonized General Consent policy on March 21, 2023. Corewell Health East/Legacy Beaumont will continue with the Beaumont branding in the new policy.
Resources


✓ Job Aids
  ➢ Completing the General Consent, Treatment and Release of Information
  ➢ General Consent for Treatment and Release of Information Scripting
  ➢ General Consent Form Cross Offs

✓ Tip Sheets
  ➢ Collecting a General Consent Form using E-Signature
  ➢ General Obtaining Verbal Consent
  ➢ Setting a Restricted Data Patient FYI Flag
Overview of Changes

General Consent
Current General Consent - OLD

Beaumont

CONSENT FOR SERVICES AND FINANCIAL RESPONSIBILITY

1. Consent to Treat. I request and authorize the type of health care services that my physician, or their designee, offers. These may include radiology and laboratory procedures, pharmacy services, home health care, and all other health care services that are medically necessary and appropriate and shall also authorize the Provider to charge for services rendered and to submit claims to my insurance carriers for reimbursement of services rendered.

2. Informed Care. I grant both during my care, I authorize the use and disclosure of my personal health information. I further authorize the Provider to take prompt action for the treatment of my illness or injury.

3. Consent to Botulinum A (Botox) Toxicity Testing and Consent. I understand that the Provider may obtain specimens of my blood, urine and/or bodily fluids (specimens). I authorize the Provider to conduct and perform any diagnostic or therapeutic procedures as well as administer any medications that are necessary for the proper diagnosis and treatment of these specimens. The Provider may dispose of these specimens as it chooses.

4. Information Relinquishment. I consent to the Provider relinquishing information from my medical record to third parties, such as insurance companies, healthcare providers, or other healthcare facilities for the purposes of treatment, payment or healthcare operations purposes, including but not limited to the following:
   a. Information about communicable diseases and serious communicable diseases and infections as defined by state and federal public health laws, which include annually reported infections (STIs), tuberculosis (TB), and human immunodeficiency syndromes such as HIV and AIDS.
   c. Psychological and social services information in communications made by me to a psychologist or social worker.
   d. Unless the Provider has a Notice of Privacy Practices (available on paper and on our website) when I can review more about its privacy practices, including how the Provider handles my medical record information.

5. Personal Information. I understand that the Provider may have a safe location where patients can store their money and valuables. I understand the Provider is not responsible for loss or damage in any of my property that I keep in my possession or in my room while a patient. "Property" includes such items as clothing, money, jewelry, documents, keys, clothing with keys or money, prosthetic devices, electronic devices, and any other personal property.

6. No Guarantees or Provisions. I understand that the practice of medicine and surgery is not an exact science and I acknowledge the Provider and staff have made no guarantees or promises regarding my hospitalization, healthcare services or outcomes.

7. Patient Rights. I know a patient's rights and responsibilities statement will be given to me upon admission to a hospital. If I ask for one.

8. Email Usage. If at any time I provide an email address, I consent to receiving discharge instructions, statements, bills, marketing material for new services and payment receipts at that email address. I know I cannot direct the Provider to stop sending my email with these purposes by informing it if my request is in writing.

9. Consent to Video and Audio Monitoring. I consent to the use of remote visual and audio monitoring devices in my room and in other patient care locations (e.g., operating room) for patient identification, care and safety purposes.

10. Patient Data and Authorization. The information given by or for payment is correct. I know preauthorization or preauthorization for services is my responsibility.

11. Payment. I agree to promptly pay the Provider’s charges not covered by my insurance from an insurance. I further authorize my insurance carrier to charge under the insurance carrier I have provided. I further agree to pay payments may be submitted to my insurance carrier I have provided. I further agree to pay the Provider’s reasonable charges and collection agencies will be permitted to submit claims to my insurance carrier.

12. Provider Billing. I understand that separate billing may be incurred for services of the facility and services of healthcare professionals. In case of underestimation or unavailability of the provider, the charges will be included in the billing of the other.

13. Provider as Agent. I agree and authorize the Provider to act in my behalf in case of an emergency (unless otherwise indicated).

14. Telephone Contacts. I agree, in order to provide service to my account or collect any amounts I may owe, the Provider or an employee, agrees, employees, and all affiliated associations and concerns may contact me by telephone at any telephone number associated with my account, including wireless telephone numbers, which could result in changes to the Provider. The Provider may change the method by which my message or attempt, using phone or a reasonably similar automated device.

15. Outpatient Medicare Patients. I know that Medicare rules make the responsible for self-administering drugs that Medicare pays for. This means that Medicare will not pay for the costs of drugs. Medicare patients may receive drugs covered by Medicare even if the patient is charged or pays for the drugs. Medicare Part D beneficiaries may enroll Medicare Part D for possible reimbursement of these and can agree to Medicare Drug Plan enrollment.

16. Translation of Form. I understand that access to this document in other languages upon request.

Signatures: [Name], [Name], [Name]

Electronic Date: [Date]

Notice

Please be advised that the Provider may perform an HIV test upon a patient without any prior written consent if a health professional, health provider of emergency, police officer, fire, medical facility responsible for emergency medical technician, emergency medical medical specialist, or any other individual who is authorized to order an HIV test.

INFORMATION DOCUMENTATION

Inpatient and/or:

- [ ] Patient offered test
- [ ] Patient refused test
- [ ] Patient used interpreter and had questions answered
- [ ] Patient does not read, interpreter provided

[ ] Signature

[ ] Date

[ ] Signature

[ ] Date
New General Consent

NOTE: Laminated Consent forms MUST be available in all areas and presented for the patient to read prior to signing electronically.

Corporate Registration Training

Revenue Cycle Education
Current General Consent - OLD

✓ Patient or Parent/Legal Guardian must sign General Consent for every encounter (exceptions PT/OT, Lab Series)
✓ All General Consent documents within Epic are stored at the Encounter-Level
✓ Registration staff are prompted to obtain a signature for the General Consent at every encounter
✓ Next of Kin allowed to sign for the patient in Emergency Departments
✓ Verbal consent only allowed when using a paper version of the General Consent document
✓ Patients are only allowed to cross off the Infant Care/Baby Pictures section
✓ Electronic versions of the General Consent available only in English
✓ Paper versions of the General Consent available in English, Spanish, and Arabic
✓ A document description is added for a patient who denies interpreter services
New General Consent

✓ The General Consent can now be valid for up to one year
✓ General Consent documents should be saved at the patient level
✓ If a patient level consent has been obtained and has not expired, then Registration staff will **not** be prompted to gather a new consent
✓ Next of Kin are no longer able to sign for the patient in any department
✓ Verbal consent can be documented on both the electronic and paper consent forms
✓ Patients are allowed to cross off sections in the consent form
✓ Electronic versions of the General Consent are available in English and Spanish
✓ Paper versions of the General Consent are available in English, Spanish, Burmese, Swahili, Kinyarwanda, Vietnamese, and Arabic
✓ An additional document is required if a patient denies hospital provided interpreter services
New Document Types

General Consent
New General Consent
Frequency Requirements for Signing Consent

✓ The General Consent obtained at the Patient Level is valid for one year from the date it was received
  ➢ If the patient is a minor, a Patient Level annual consent is required to be on file from each parent/legal guardian

✓ General Consent obtained at the Encounter Level is only valid for that encounter/visit
  ➢ Verbal Consent
  ➢ Cross Offs (Refer to Cross Off Job Aid)
  ➢ Patient/Guardian unable to sign
  ➢ Minor patient who meets an exception
New General Consent Document Types

**General Consent – PT Level Scan:** Used when the patient or parent/legal guardian agree to all terms in the General Consent document and are present and able to sign either electronically or on a paper copy that is scanned into the patient record.

- The system will automatically enter in an expiration date for one year from the date the document was received.
- If the patient is a minor, always check to see if an annual consent has already been obtained from the parent/guardian presenting with the patient. If not, obtain a new consent.
New General Consent Document Types

**General Consent – ENC Level Scan:** Used when the General Consent will be valid for only that encounter/visit.

- Epic will prompt staff to obtain a new General Consent signature at the next encounter.
- A document description should be entered explaining why an encounter level General Consent was necessary.

<table>
<thead>
<tr>
<th>Title</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Consent - ENC Level Scan</td>
<td>1000121</td>
</tr>
<tr>
<td>General Consent - FT Level Scan</td>
<td>1000120</td>
</tr>
</tbody>
</table>

![Image of document management system interface](image_url)
Signing Electronically

General Consent
New General Consent
How to Sign Electronically

Sidebar:
✓ Document Description
✓ Patient Unable to Sign Reason
✓ Parent/Legal Guardian

NOTE: Must be completed before signatures are obtained.

Change Template: Allows you to change to a translated Spanish consent form

Patient Signature(s):
✓ Patient signature
✓ Guardian signature

Staff Signature(s):
✓ Witness signature(s)

NOTE: All witness signatures must be legible

May need to click arrow to open Sidebar
New General Consent
How to Sign Electronically

1. From the **Documents** form, select the appropriate **General Consent** Document type.

   ![Documents form](image1)

2. Select the **E-Sign** icon to open the **E-Signature Document Collector** window for the patient to sign.

   ![E-Signature Document Collector](image2)
3. Explain the General Consent to Treatment and Release of Information consent form to the patient. Please see the **General Consent for Treatment and Release of Information Scripting** Job Aid for additional information.

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**General Consent, Treatment and Release of Information Page 1**

"Beaumont Health does not discriminate on the basis of race, color, national origin, age, disability or sex and will not exclude or treat individuals differently based upon these characteristics."

"You are agreeing to the care and treatment provided. Your care may be changed to benefit your life or health as discussed, and agreed with your provider. If you are giving birth, we will care for your baby."
New General Consent
How to Sign Electronically

4. If applicable, click the “x” on the signature window to open the side bar on the left side of the page. Enter the parent or legal guardian’s name in the Parent/Legal Guardian field or enter a reason why the patient is unable to sign (incapacitated or verbal consent).

NOTE: Information entered in these fields will populate on the form.
New General Consent
How to Sign Electronically

5. Click the appropriate signature box in the **Patient Signature(s)** section.
   - **Patient** signature is for patients who sign for themselves.
   - **Guardian** signature is for when a parent or legal guardian signs for the patient.

   • A signature window will appear.

6. Instruct the patient or parent/legal guardian to *sign on the Topaz device*.
7. Click **Accept** to save the signature.
New General Consent
How to Sign Electronically

11. Staff Signatures are **NOT required** when the patient signs electronically.

12. Click the Printer icon if the patient requested a copy after it was offered.

13. Click **Accept** if the patient does not need a copy.
New General Consent
Example: Adult Patient with Legal Guardian

1. Description: Adult patient has legal guardian

2. Parent/Legal Guardian: Joe Smith

3. Patient Signature:
   - I understand and can access this document in other languages upon request.
   - I have read this form and understand it. All my questions have been answered.
   - Sign Here

4. Time: 11:09 AM Date: 03/10/21
   - Patient is under 18 years of age or otherwise unable to consent because: Adult patient has legal guardian
   - Printed Name: Joe Smith
   - Staff Signature(s)

5. Time: 11:09 AM Date: 03/10/21
   - Second Witness Needed for Verbal Consent
   - Sign Here

6. Time: 11:09 AM Date: 03/10/21
   - Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.

Revenue Cycle Education
Signing a Paper Copy

General Consent
New General Consent

How to Sign a Paper Copy

1. **Patient Signature(s)**
   MUST Sign (Date & Time on printed form)

2. **Parent/Legal Guardian** – **ONLY** when a parent or legal guardian is signing.

3. **Staff Signature(s)** – When the form is printed and signed by the patient/legal guardian, one witness signature is required. When verbal consent is obtained, or when the patient is not signing, two witness signatures are required.

   **NOTE**: Employee signatures MUST be legible (first and last name OR first initial and last name).

4. **Interpreter Documentation** – **ONLY** used when an interpreter service is necessary to complete the Consent form

   **NOTE**: If a printed Consent is used; it must be signed/witnessed with a date/time and scanned.
Changes Continued

General Consent
New General Consent
Next of Kin – Adult Patients

✓ Next of Kin are no longer allowed to sign for the patient in Emergency Departments if the patient is incapacitated or unable to sign for themselves

➢ Exception: If the Next of Kin is also the patient’s Legal Guardian or Durable Power of Attorney for Healthcare (DPOA-HC)

✓ If the adult patient is incapacitated in the Emergency Department, registration staff should add an Encounter Level General Consent.

➢ Document Status must be set to **Unable to Obtain**

➢ Two employees must sign as witness in the Staff Signature(s) section
  ▪ Employees must be over 18 years old
New General Consent
Verbal Consent (Phone or in person)

✓ Corewell representatives may obtain verbal consent via phone if the parent, legal guardian, patient advocate is not on site when service is provided

✓ Verbal consent in person may be necessary when the patient is not able to physically sign but is capable of granting consent on their own behalf

✓ Two Corewell employees must participate in the verbal consent

✓ The entire form must be read if over the phone by one Corewell employee while the other representative listens

✓ Verbal consent would be obtained as a General Consent – ENC Level Scan document type (can be electronic or paper copy)
New General Consent
Verbal Consent – Paper Copy

If a paper copy is given, complete the following sections:

1. Reason for obtaining verbal consent along with the name and status (Mother, Father, etc.) of the person giving consent (if other than the patient)
2. Date and time
3. Both Corewell representatives sign on the witness lines
New General Consent
Verbal Consent - Electronic

✓ If an electronic version is used:

• Click the arrow on the left side of the window to open the side bar.

• **Description**: Enter Verbal acknowledgement obtained by [Self or Parent/Legal Guardian]

• **Patient unable to sign reason**: Enter the reason the patient was unable to sign

• **Parent/Legal Guardian**: If applicable, enter the name of the parent/legal guardian
New General Consent
Approved Cross Offs

✓ We will attempt to honor cross off requests from the patient, however there are requests that cannot be fulfilled

✓ Registration staff should familiarize themselves with what action to take should a patient cross off any portion of the General Consent form

➢ Please reference the General Consent Form Cross Offs Job Aid on the PAR webpage
New General Consent Approved Cross Offs

✓ Any cross offs on the General Consent document are required to be done on a paper copy of the General Consent and scanned into the patient’s record

➢ ALWAYS scanned in as General Consent-ENC Level Scan

➢ A new General Consent will be required at the next encounter/visit

NOTE: There is no longer a separate scanned document type
Per policy and Joint Commission, obtaining informed consent is considered a clinical situation. Family members or employees cannot be used to translate a Consent form. When the patient’s preferred language is not English, the patient or appropriate representative needs to be provided with either a translated Consent form or access to an Interpreter Service (MARTTI, Cyracom or In-Person Interpreter).

If an interpreter is used, a paper consent form must be printed, and the following section completed:

**INTERPRETATION SERVICES**

I certify that I have interpreted, to the best of my ability, into and from the participant’s stated primary language, ________________________________, all oral presentations made by all of those present during the informed consent discussion.

TIME □ AM □ PM DATE Interpreter signature ____________________________

Interpreter name (print) ____________________________
New General Consent
Translated Versions

✓ The electronic version of the new General Consent document is available in both English and Spanish

➢ To change the language:
  ▪ Click Change Template in the lower left-hand corner
  ▪ Click the radio button next to the consent form with the language you need
  ▪ Click Accept
New General Consent Translated Versions

✓ Translated consent forms will be available to be printed from the Beaumont Intranet page (Documents and Forms in the Clinical Language Services section)

✓ The following translated languages will be available: Spanish, Burmese, Swahili, Kinyarwanda, Vietnamese, and Arabic

✓ A document description must be added when scanning in a translated form
New General Consent
Denial of Interpreter Services

✓ If the patient’s record states that the patient requires an interpreter, but the patient denies any free interpreter services that Beaumont provides, a Document Description of “Denied Interpreter for Consent form” must be added when scanning the consent form.

✓ A paper copy of the General Consent form is required to be used

✓ An interpreter must be present until the patient completes the waiver form

✓ The patient must also complete the Waiver of Hospital Offered Free Interpreting Services document that will then be scanned into the patient’s record with the General Consent
Important Reminders

General Consent
The new General Consent policy and documents goes live on March 21st, 2023

- Review the new General Consent policy in PolicyStat
- Review the new General Consent education Job Aids and Tip Sheets