

**UMHHC Policy 62-10-001 Informed Consent EXHIBIT 3
ELEMENTS OF INFORMED CONSENT: A CHECKLIST**

| STEPS IN PROCESS | WHO | CONTENT |
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| <p>COMPETENCE: Is the adult patient competent to make medical decisions/give consent?</p> | <p>Person with appropriate knowledge and training to conduct the consent discussion, usually the physician or surgeon. May be a resident or an attending physician or surgeon.</p> | <p>If yes, proceed.</p> <p>If no, contact</p> <ol style="list-style-type: none"> 1. Guardian or advocate under durable power of attorney for healthcare, (see http://www.michbar.org/elderlaw/dpoa_hc.pdf for a sample), following that process. If none, then contact: 2. Spouse. If none, then contact: 3. Adult child. If none, then contact: 4. Parent. If none, then contact: 5. Adult sibling. If none, then contact: 6. Social Work to request temporary guardian from the Probate Court in the patient's county of residence. 7. In emergency, document need to proceed without formal consent (life or limb threatened). 8. Seek intervention of the Court to assign a guardian to give consent. 9. Document why the patient is not giving consent in a progress or clinic note. |
| <p>INFORM THE PATIENT</p> | <p>Person with appropriate knowledge and training to conduct the consent discussion, usually the physician or surgeon, but may be another licensed health care provider who can answer the patient's questions.</p> | <ol style="list-style-type: none"> 1. Name of the proposed treatment/intervention. Draw pictures if it helps the patient understand the treatment and include this in the documentation. 2. Indications for the proposed treatment/intervention. 3. Alternatives and their risks. 4. Risks and benefits of the proposed treatment / intervention or of no treatment. 5. Include any special risk to this patient due to his or her particular condition. 6. Risks should include known complications which a reasonable person would wish to consider in making this decision. Also included should be significant and rare risks |

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| | | such as death, paralysis, permanent disability, and so forth. 7. Location of operative field. |
| CONSENT (OR REFUSAL) FORM | Person with appropriate knowledge and training to conduct the consent discussion, usually the physician or surgeon, but may be another licensed health care provider. | 1. Date and time the form is offered to the patient for signature. 2. Name of the proposed treatment / intervention. 3. Major risks of the proposed treatment / intervention. 4. Signature of the patient. 5. Signature and printed name of the person obtaining the patient's signature on the consent or refusal form. |
| REPEAT CONSENT PROCESS | Person with appropriate knowledge and training to conduct the consent discussion, usually the physician or surgeon, but may be another licensed health care provider that can answer the patient's questions. | Repeat process including documentation if more than 6 months elapse between the time consent is given and the time the treatment/intervention is performed or if there are significant changes in the patient's condition which have an impact on the treatment, intervention or the patient's risk of complication. |