



CONDITIONS OF ADMISSION FORM AND CONSENT

Administrative Procedure	
Approved: May 2013	Next Review: May 2016
Department: All patient access areas, all clinical units	
Population Covered: All patients	

Related Policies/Procedures:

[Advance Directive and CPR Preference](#)

[Patient Health Information: Assigning Next-of-Kin](#)

[Patient Rights](#)

[Using Health Care Agreements for Behavioral Management: Patient](#)

Purpose

To ensure the standard [Conditions of Admission](#) (COA) form is appropriately communicated and signed by the patient or their representative at time of admission to Swedish Medical Center. The COA form serves as the initial consent for treatment at Swedish Medical Center and other consents may be obtained depending on the context of care.

Policy Statement

Written consent is necessary prior to any non-emergent treatment or procedure. All facility admissions require the COA form signed by the patient or his/her representative at the time of each hospital outpatient visit or bedded admission encounter. For recurring outpatient accounts, this form is required to be obtained at the initial visit of the treatment plan and/or after periods of more than 90 days between services for ongoing treatment.

The contents of the COA form are reviewed by patient registration staff members with the patient and/or the patient's representative during the admission process. The patient's or his/her representative's signature is obtained confirming his/her consent for care, understanding of his/her rights and expectations as a patient at Swedish, knowledge of billing information, and awareness that a [Notice of Health Information Practices](#) is available at registration or upon request. The patient or his/her representative may be referred to appropriate administrative or clinical staff with questions about the COA form. **Changes to the COA form are not permitted.**

Patient Registration staff members are responsible for explaining the contents of *Conditions of Admission* form, affixing patient label to the form, obtaining appropriate signatures, and scanning the form into the electronic medical record (EMR) once signed.

In the event a signature cannot be obtained during an emergent or direct admission, staff members will witness the initial COA, document 'Unable to Obtain Signature' reason, and follow up with clinical care unit to ensure that each patient medical record contains a signed [Conditions of Admission](#) form.

Responsible Persons

Patient Registration.

PROCEDURE	
Responsible Person	Steps
Patient Registration Staff	<p>OBTAINING CONSENT FOR COA FORM</p> <p><i>The following steps are performed at the time of registration. These steps may also be performed on the unit if the patient is admitted directly to a room.</i></p> <ol style="list-style-type: none"> During admission, a Patient Registration staff member reviews the Conditions of Admission form with the patient or the patient's representative. <p>Points to emphasize during COA review:</p> <ul style="list-style-type: none"> Notification of Patient Rights information is posted in the admission department and a flyer is also available for the patient/representative to keep. CPR will be performed in the event of an emergency unless there is a physician order in the electronic medical record (EMR) directing otherwise. Medical information may be disclosed to designated insurance plans or entities to receive payment for services. Financial assistance is available to those who qualify. The patient may receive bills from other providers associated with his or her care at a Swedish facility. The Notice of Health Information Practices is available at admission or upon request. Changes to the COA form are not permitted. <ol style="list-style-type: none"> The patient or his/her representative signs the COA form. <p>IF NO SIGNATURE CAN BE OBTAINED AT ADMISSION</p> <ol style="list-style-type: none"> If the patient is unable to sign upon an emergent or direct admission, Patient Registration staff contacts the patient's representative for consent (written or verbal) and documents accordingly using HAR Account Note in EMR. If no representative can be reached at admission, then Patient Registration staff or clinical unit staff member signs and dates the COA form as witness, documenting "Unable to Obtain Signature" reason. Patient Registration staff makes multiple attempts to communicate the COA form and has the patient sign and/or reach his/her representative for signature. Attempts are documented using HAR Account Note in the EMR. <ol style="list-style-type: none"> During the attempts process, Patient Registration withholds the COA from scanning into EMR and continues to seek a signature until such time the patient is discharged. If patient is discharged without COA signed, clinical information in the chart should reflect the urgency of the admission and the patient's inability to receive COA communication throughout his/her encounter. Registration staff may also seek assistance of the clinical unit staff to help obtain the COA signature.

Definitions

None.

Forms

[Conditions of Admission](#) (Standard Form #60337)

Supplemental Information

Washington State Hospital Association (WSHA) Requirements for Valid Signed Conditions of Admissions Consents:

- Identification of the patient to include patient name and medical record number
- Name of hospital in which treatment is to be performed
- Date and time
- Signature of patient or patient's representative
- Written legibly in ink
- Witnessed by employee(s) of the hospital in which the consent is obtained

Patient's Agent or Representative

- The following persons may sign the consent on behalf of the patient (listed in priority order):
 - 1) Appointed guardian
 - 2) Individual to whom the patient has given a Durable Power of Attorney encompassing the authority to make healthcare decisions
 - 3) Patient's spouse or state registered domestic partner
 - 4) Patient's children who are at least eighteen (18) years of age
 - 5) Patient's parents
 - 6) Patient's adult brothers and sisters.
- Verbal consent may be given and must be documented on the *Conditions of Admissions*. The *Conditions of Admissions* is to be signed by two witnesses if verbal consent is necessary or if the patient is unable to sign and his/her representative is unavailable.

Regulatory Requirements

RCW 7.70.060 – Consent Form / Contents / Use.

RCW 7.70.065 – Informed consent – Persons authorized to provide for patients who are not competent.

References

[WSHA Consent Manual, Chapter V.](#)

[Summary of Services that can be Provided to Minors without Parental Consent – State of Washington.](#)

Addenda

[Notice of Health Information Practices](#)
[Patient Rights and Responsibilities](#)

STAKEHOLDERS

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