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Owner Carol Boland:  
Associate  
Program  
Manager

Area Patient Access  
Applicability WA - Swedish  
Medical Center

Document Types Administrative  
Policy and  
Procedure



## Delivery of the Conditions of Admission Consent Form

**Population Covered:** All Patients

**Campus:** Ballard, Cherry Hill, Edmonds, First Hill, Issaquah, Mill Creek, Redmond

### ***Related Policies and Procedures:***

[Advance Directive and CPR Preference](#)

[Consents: Who can provide informed consent on behalf of patients](#)

[Patient Rights](#)

[Managing Disruptive Patient Behavior: Healthcare Agreement](#)

## **Purpose**

To ensure the standard *Conditions of Admission* (COA) form is appropriately communicated and signed by the patient or their authorized representative at time of admission to Swedish Medical Center (SMC). 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**

Consent is necessary prior to any treatment or procedure, except in emergency situations. All facility admissions require the COA form signed by the patient or their authorized representative at the time of each hospital outpatient visit or bedded admission encounter. For series accounts, this form is required at the beginning of each course of treatment.

When **Preferred language** for medical discussions is other than English, provide patient with a translated document in their preferred language and certified in-person, telephonic or Video Remote Interpreting (VRI) to ensure patient understanding.

The contents of the COA form are reviewed by patient access staff with the patient and/or the patient's authorized representative during the admission process. The patient's or authorized representative's signature is obtained confirming consent for care, receiving a *Financial Assistance at Swedish* brochure, *Patient Rights and Responsibilities* (see [Patient Rights](#) policy), knowledge of billing information, and receipt of the *Notice of Privacy Practices* brochure. The patient or their representative may be referred to appropriate administrative or clinical staff with questions about the COA form. **Changes to the COA form are not permitted.**

## Definitions

None.

## Forms

See Attachments for Conditions of Admission Consent - Form #396584, rev. 10/22 - ENGLISH

## Addenda

[Financial Assistance at Swedish Information](#) webpage

Refer to [Patient Rights](#) policy attachments regarding notice privacy practices

When Can a Minor Access Health Care Without Parental Consent, WA Law Help.org (May 2023)

## Supplemental Information

### Patient's Authorized Representative RCW 7.70.065

In the event that a patient is not competent to sign upon admission or is a minor, the following persons may sign the consent on behalf of the patient (listed in priority order):

1. Appointed guardian of the patient, if any
2. Individual, if any, to whom the patient has given a Durable Power of Attorney that encompasses the authority to make health care 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

If verbal consent is received from the patient or their authorized representative it must be documented on the **COA** form including the date, time, and relationship to patient

# Regulatory Requirements

[WAC 246-320-166 \(4c\)](#) - Management of Information

[RCW 7.70.065](#) – Informed consent – Persons authorized to provide for patients who do not have capacity - Priority - Unaccompanied homeless minor.

[Financial Assistance Information](#) webpage (English and translated versions of form)

WA DOH: This policy needs to be posted on the DOH website and Swedish external website within 30 days of any changes to the policy.

## References

None.

## Stakeholders

### Author/Contact

Carol Boland, Associate Program Manager, Operational Excellence

### Expert Consultants

Cory Wiley-Godoi, Senior Accreditation Program Manager

Lori A Giesen, Manager Corporate Compliance

Rebeca Derkitt, Manager, Patient Safety and Risk Management

### Sponsor

Larissa Cummings, Director Patient Access

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## Attachments

[🔗 Conditions of Admission Form, 396584, rev 10-22](#)

[🔗 When Can a Minor Access Health Care Without Parental Consent May 2023](#)

## Approval Signatures

Step Description

Approver

Date

Standards Committee Program Manager	Mary Alice Duthie: Clinical Program Manager RN	02/2026
Swedish Access Registration Group	Larisa Cummings: Director Patient Access	02/2026
Owner	Carol Boland: Associate Program Manager	02/2026

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## Applicability

WA - Swedish Medical Center

## Standards

No standards are associated with this document

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