



SWEDISH MEDICAL CENTER

PATIENT ACCESS: DELIVERY OF THE CONDITIONS OF ADMISSION CONSENT FORM

Administrative Policy and Procedure	
Approved: June 2017	Next Review: June 2020
Department: All Patient Access areas, all Clinical Units	
Population Covered: All Patients	
Campus: Ballard, Cherry Hill, Edmonds, First Hill, Issaquah, Mill Creek, Redmond	Implementation Date: September 2007

Related Policies/Procedures:

[Advance Directive and CPR Preference](#)
[Patient Access: Assigning Patient Relationships \(Next-of-Kin\)](#)
[Patient Rights](#)
[Health Care Agreements for Behavioral Management: Patient Consents: Who Can Authorize](#)

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 his/her authorized representative at the time of each hospital outpatient visit or bedded admission encounter. For recurring hospital outpatient accounts, this form is required to be obtained at the initial visit of a 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 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](#), 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.**

Patient Access staff 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 at admission, a SMC staff member will mark the checkbox “Unable to obtain signature at admission” and follow-up will occur to ensure that each patient’s medical record contains a signed *Conditions of Admission* form.

Responsible Persons

Patient Access and Clinical Units

PROCEDURE	
Responsible Person	Steps
Patient Access 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 Access staff member reviews the Conditions of Admission form with the patient or the patient's authorized representative. <p>Points to emphasize during COA review:</p> <ul style="list-style-type: none"> Consent to receive medical care from the providers at Swedish Medical Center. If a staff member is accidentally exposed to your blood or body fluids, you give consent to be tested for certain viruses so caregivers can be quickly treated. CPR will be performed in the event of an emergency unless there is a Living Will (Health-Care Directive) on file. SMC is not responsible for personal items. Weapons, drugs, tobacco, and prohibited behaviors are not permitted on SMC property. Medical information may be disclosed to your insurance plan(s) for payment. The patient is offered a Financial Assistance at Swedish brochure and informed that 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 Medical Center facility. The Notice of Privacy Practices brochure is offered to the patient and/or their representative to keep. Patient Rights and Responsibilities information is offered to the patient and/or their representative. Changes to the COA form are not permitted. <ol style="list-style-type: none"> The patient or his/her authorized representative signs the COA form. The Patient Access staff member affixes a label to the COA form and scans into EMR. <p>IF NO SIGNATURE CAN BE OBTAINED AT ADMISSION</p> <ol style="list-style-type: none"> If patient is unable to sign COA form and no authorized representative can be reached at admission, then SMC staff members mark the check box “Unable to obtain signature at admission.” Patient Access staff will make multiple attempts to communicate the content of the COA form and have the patient sign and/or reach their authorized representative for signature. Such attempts are documented using HAR Account Note in the EMR. <ul style="list-style-type: none"> During the attempts to gain a signature, Patient Access will withhold the COA from scanning into EMR and continue to seek a signature until such time the

	<p>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.</p> <ul style="list-style-type: none">• Access staff may also seek assistance of the clinical unit staff to help obtain the COA signature.
--	--

Definitions

None.

Forms

[Conditions of Admission Consent](#) (Form #396584 Rev 6/17)

Supplemental Information

Patient's Authorized Representative

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)

[RCW 7.70.065](#) – Informed consent – Persons authorized to provide for patients who are not competent.

References

[Providing Health Care to Minors under Washington Law](#)

Addenda

[Notice of Privacy Practices](#)

[Patient Rights and Responsibilities flyer](#)

[Financial Assistance at Swedish brochure](#)

STAKEHOLDERS

Author/Contact

Sabrina Souffront, Registration Manager, First Hill
Registration leadership
Senior Educator and Analyst, Revenue Cycle Education

Expert Consultants

Accreditation and Safety
Consent Advisory Committee
Corporate Compliance
HIM
Legal
Quality and Patient Safety
Risk Management

Sponsor

Director of Patient Access, Swedish Health Services