

GENERAL CONSENT TO TREAT – ADULT

Definitions: Every competent adult has the fundamental right of self-determination over his/her body and property.

A **competent** adult has the ability to understand the nature and consequences of proposed health care, including its significant benefits, risks, and alternatives, and to make and communicate a health care decision.

California law imposes a duty on the patient's physician to secure the patient's informed consent for a complex procedure.*

Informed consent is not required for the performance of “simple and common” procedures where the related risks are commonly understood.

Purpose: To insure that an adult with capacity has the right to make his/her own decisions. (Probate Code Section 4670)

Individuals (incompetent adults) who are unable to exercise this right have the right to be represented by another (legal representative) who will protect their interest and preserve their basic rights.

Procedure:

1. A General Consent to Treat an Adult may be obtained at the discretion of the physician.
2. The General Consent to Treat an Adult is to be signed at the initial encounter by the patient or his/her legal representative.
3. The signed General Consent to Treat an Adult form is to be placed in the patient's medical record.
4. It is recommended that the General Consent to Treat an Adult be witnessed. All witnesses shall be 21 years of age or older. The witness shall be present when the patient/legal representative signs the form. The witness shall indicate that he/she witnessed the signing by placing his/her signature in the designated space on the form.
5. If the patient or the patient's legal representative has validly exercised his/her right to refuse to sign a General Consent to Treat form, the patient's wishes are to be respected. Treatment of the patient is performed at the discretion of the physician.
6. In the case of medical emergency, treatment may proceed without the patient's (legal representative) consent if no evidence exists to indicate that the patient or legal representative would refuse treatment.

*Cobbs v. Grant, 8 Cal.3d229 (1972)

(Physician's Name)

(Address)

(Address)

Patient Name: _____

DOB: _____

Medical Record #: _____

INFORMED CONSENT

I, _____ authorize Dr. _____
(Print name of patient) (Print name of physician / surgeon)

to perform the surgery/procedure described as _____.

I have been informed of the nature of the above surgery/procedure, the discomforts, risks and benefits associated with it.

Signed: _____
(Patient's Signature)

Date: _____

Witness: _____
(Print name of Witness)

Date: _____

Signed: _____
(Witness Signature)

Date: _____