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Owner Carol Boland:  
Program  
Coordinator

Area Patient Access

Applicability WA - Swedish  
Medical Center

Document Administrative  
Types Policy and  
Procedure



## Delivery of the Conditions of Admission Consent Form

<b>Population Covered:</b> All Patients
<b>Campus:</b> Ballard, Cherry Hill, Edmonds, First Hill, Issaquah, Mill Creek, Redmond
<b>Licensed Hospitals:</b> Swedish Medical Center (First Hill, Ballard, Mill Creek, Redmond) Swedish Medical Center / Cherry Hill (Cherry Hill) Swedish Medical Center / Issaquah (Issaquah) Swedish Edmonds (Edmonds)

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

[Advance Directive and CPR Preference](#)

[Patient Rights](#)

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

[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.

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.**

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 check box "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><b>OBTAINING CONSENT FOR COA FORM</b></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"> <li>1. During admission, a Patient Access staff member reviews the <i>Conditions of Admission</i> form with the patient or the patient's authorized representative.</li> </ol> <p><b>Points to emphasize during COA review:</b></p> <ul style="list-style-type: none"> <li>• Consent to receive medical care from the providers at Swedish Medical Center.</li> <li>• 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.</li> </ul>

- 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 (see Patient Rights policy) is offered to the patient and/or their representative.
- Changes to the COA form are not permitted.

2. The patient or his/her authorized representative signs the COA form.
3. The Patient Access staff member affixes a label to the COA form and scans into EMR.

**IF NO SIGNATURE CAN BE OBTAINED AT ADMISSION**

1. 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."
2. 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.
  - 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 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.
  - Access staff may also seek assistance of the clinical unit staff to help obtain the COA signature.
3. Scan COA at discharge even if patient refused or no signature was obtained.

# Definitions

None.

# Forms

See Attachments

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

# 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.

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

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

# Addenda

See Attachments

Conditions of Admission Form

Notice of Privacy Practices

Financial Assistance at Swedish Information  
Who Should Sign the Conditions of Admission Form

## Stakeholders

### Author/Contact

Carol Boland, Process Owner, Operational Excellence  
Patient Access leadership

### Expert Consultants

Cory Wiley-Godoi, Senior Accreditation Program Manager  
Alanna Kroeker, Senior Manager Corporate Compliance  
Edith Rutledge, Senior Manager Health Information Management (HIM)  
Rebeca Derkitt, Manager, Patient Safety and Risk Management  
Sandy Banzer, Providence Executive Director Market Operations

### Sponsor

Larisa Cummings, Director of Patient Access, Swedish Health Services

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## Attachments

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

[Financial Assistance at Swedish Information](#)

[Notice of Privacy Practices - Your Rights Our Responsibilities, ADMN-02-03189](#)

[Who Should - Could Sign the Conditions of Admission Form 04-27-2020](#)

## Approval Signatures

Step Description	Approver	Date
Standards Committee Program Manager	Mary Alice Duthie: Nurse Educator	01/2023
Swedish Access Registration Group	Larisa Cummings: Director Patient Access	12/2022

## Applicability

WA - Swedish Medical Center

## Standards

No standards are associated with this document

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