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 WA - NWR Providence Medical Group

Patient Rights and Responsibilities Procedure

Scope

This procedure provides the local ministry with additional specifics in support of the system-led policy entitled [Patient Rights and Responsibilities](#).

These procedures apply to all caregivers of the Providence Northwest Washington Region including: caregivers, medical staff members, contracted service providers, and volunteers. It also applies to all vendors, representatives, and any other individuals providing services to or on behalf of Providence Northwest Washington Region. All of these groups will be referenced in this policy as "caregivers and representatives."

Purpose

Process for assuring that patients are informed of their rights and responsibilities.

Definitions

- Admitting representative: anyone who registers or activates an account upon the patient's arrival to NWR.
- Bedded patients: Includes in-patients, ambulatory surgery and observation patients.
- Outpatient Service: Includes series encounters such as Imaging, Breast Center, Children's Center, Radiation Oncology etc.
- Patient Handbook: Brochure 39493 "Helpful Information for Patients and Families" which includes a description of Patients Rights and Responsibilities, as well as information on how to make a complaint or file a grievance.

Procedure

In keeping with its Mission and Vision, Providence Northwest Washington Region provides care, treatment, and services in a way that respects and fosters patient's dignity, autonomy, positive self-regard, civil rights, and involvement in their care. It is the policy of Providence to honor the diverse cultures, beliefs, and practices of our patients. Patient rights brochures and posters will be consistent with federal, state, WA Department of Health, The Joint Commission and Center for Medicare and Medicaid (CMS) standards related to patient rights. The document [Comparison of Patient Rights Policy to Requirements](#) is a summary of how NWR complies with WAC 246-320-141, CMS Guidelines and The Joint Commission standards related to patient

rights.

Process

What Happens	Who's Responsible
<p>Informing patients of their rights.</p> <ol style="list-style-type: none">1. Patient Rights signs are posted in all primary facility entrances, as well as entrances to offsite NWR services within clinics and pharmacies.2. Every NWR patient will receive a patient handbook the first time s/he registers as a NWR patient.3. For Outpatient Service including series encounters, patients will receive a patient handbook for all initial visits and at least annually thereafter.4. The patient handbook will be available to any patient upon request during subsequent visits.	<ul style="list-style-type: none">• Admitting and Check In area representatives including clinical units direct admits give this patient handbook at the time of registration or check in and document in EPIC on the document screen by typing the date that handbook is given to the patient under "date received".
<p>Educating staff and providers about patient rights.</p> <p>All Caregivers and providers are educated regarding their unique role in supporting patient's rights and responsibilities.</p>	<ul style="list-style-type: none">• Human Resources representatives distribute the Code of Conduct during the New Caregiver orientation process.• New Employee Orientation agenda includes Integrity, Compliance, and Confidentiality presentations.• Department Managers provide ongoing departmental education on patients right's related topics pertinent to their staff. (For example, Pain Management, Communication Aids, Restraints)• Medical Staff receive the Code of Conduct during each credentialing cycle.
<p>Complaint and grievance process.</p> <ol style="list-style-type: none">1. Signage explaining how a patient can file a complaint internally, to DOH, to The Joint Commission and to Office of Civil Rights is posted at all primary facility entrances, in the Emergency Department and in all Financial Counseling offices.2. Patient Safety reviews all patient grievances. Patient Safety and staff receive patient grievances directly from the patient/family or other external sources. Patient Safety will communicate and provide necessary support to the unit manager for completion	<ul style="list-style-type: none">• Patient Safety• Involved managers

of follow up investigation, patient correspondence and resolution. See related policy "[Patient Complaint and Grievance Policy](#)"

Patient Rights and Responsibilities: Providence wants to ensure that both patients and Caregivers have a clear understanding of patients' rights and responsibilities. **The following rights and responsibilities appear in the brochure "Helpful Information for Patients and Families":**

As a patient at Providence Northwest Washington Region, you have the following rights:

- To be treated with courtesy, dignity and respect by all staff.
- To privacy during discussions about your care, exams and treatments.
- To have someone you choose and your care provider informed promptly that you have been admitted.
- To take part in your care and solving problems.
- To have your personal, cultural and spiritual values and beliefs supported when making a decision about treatment.
- To an interpreter or translator if English is not your primary language.
- To communication aids if you are deaf, hard of hearing, have trouble seeing, have trouble understanding or have a speech problem. We will communicate in a way that meets your needs.
- To have any person you choose be with you
- To supportive care and comfort, including pain management.
- To make informed decisions about your care, either by you or your representative.
- To refuse any procedure, drug or treatment and be informed of possible results of your decision. If you are asked to take part in a research study, you may refuse. It will not affect your medical care in any way.
- To involve family members, significant others or a legal designee in your care decisions.
- To receive care in a safe setting.
- To take part in planning for when you leave the hospital and learn about the care you will need.
- To be free of restraints unless they become necessary to protect you, patients or others from immediate harm and will be discontinued as soon as your behavior no longer poses a safety threat.
- To protection from abuse and neglect.
- To access protective services.
- To have your advance directives or living will honored if you are unable to make decisions about your care. If you have an advanced directive, your wishes such as not receiving life sustaining treatments, will be honored. For more details, ask for the booklet *Your Life, Your Decisions* at any registration desk.
- To end-of-life care.
- To donate organs and other tissues.
- To be told about unexpected outcomes of care, treatment and services.
- To have all communications and records related to your care kept confidential.
- To have access to your medical records, request amendments to your records and obtain information about disclosures of your health information, in accordance with applicable law.
- To be able to receive your medical records in a reasonable period of time.
- To receive accurate information about your bill and receive an explanation of the charges regardless of how you pay for your care
- To receive information about our policies, rules or regulations applicable to your care
- To no discrimination against you or your visitors based on race, color, religion, sex, age, national origin, sexual orientation, disability, source of payment and other factors in admission, treatment or participation in Providence's programs, services, activities and visitation.
- To use service animals in public areas of the hospital.

- To talk about any complaints about your care without fear of getting poor treatment. To have your concerns reviewed in a timely manner and, when possible, resolved in a timely manner, call our Patient Feedback Hotline at 425-261-3927 ☎☎☎☎☎☎ or by write to the Providence Northwest Washington Region.

Patients also have the right at any time, whether or not they file a grievance with the Medical Center:

- to file a grievance with the Washington State Department of Health by calling 1-800-633-6828 ☎☎☎☎, or by writing to them at: PO Box 47857, Olympia, WA 98504.
- The patient or their representative may file a grievance about **suspected discrimination** by contacting: Providence's Civil Right Coordinator at 1-844-469-1775 ☎☎☎☎, interpreter line 1-888-311-9127 ☎☎☎☎, or emailing Nondiscrimination.WA@providence.org, or mailing Civil Rights Coordinator, 101 W. 8th Avenue, Spokane, WA 99204. Locally, any member of the Compliance department may be contacted, including Theresa Bervell at 425-261-4538 ☎☎☎☎ or Lisa George at 425-261-3929 ☎☎☎☎.
- To contact The Joint Commission's Office of Quality Monitoring to report any concerns or register complaints by either calling 1-800-994-6610 ☎☎☎☎ or www.jointcommission.org.
- For Medicare patients to request that the Medical Center refer their grievance to an outside review organization.

Patients have the following responsibilities:

- To be as accurate and complete as possible when providing medical history and treatment information.
- To provide written medical advance directives or a living will, if they have one, to the Medical Center, their physician, and their family.
- To participate in decisions concerning their health care.
- To consider their physicians advice regarding their health care needs.
- To inform their physician or nurse if they have questions or concerns regarding their treatment.
- To discuss pain expectations and relief options with caregivers, and assist in the measuring and reporting of pain.
- To abide by Providence Northwest Washington Region policies.
- To be considerate of Providence Northwest Washington Region Caregivers and other patients and their privacy.
- To examine their bill and ask questions regarding charges or methods of payment.
- To be responsible for providing appropriate information for insurance claims and, when necessary, for working with Medical Center Caregivers to make payment arrangements.

Reference Document

[Patient Rights and Responsibilities Policy](#)

Referenced Documents

Reference Type	Title	Notes
Documents referenced by this document		
Referenced Documents	Comparison of Patient Rights Policy to Requirements	
Applicable Documents	Do Not Resuscitate/ No Code/	

Applicable Documents								
Referenced Documents	Patient Complaint and Grievance Policy							
Referenced Documents	Patient Rights and Responsibilities	Patient Rights and Responsibilities						
Applicable Documents								
Referenced Documents	Patient Rights and Responsibilities Policy	Patient Rights and Responsibilities						
Referenced Documents	www.jointcommission.org							
Documents which reference this document								
Applicable Documents	Comparison of Patient Rights Policy to Requirements							
Applicable Documents	Communicating with Limited English Proficiency Patients							
Referenced Documents	Patient Rights and Responsibilities Policy							
Lucidoc_Number: AD4000								
Attachments:		No Attachments						
Approval Signatures								
<table border="1"> <thead> <tr> <th>Approver</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Lisa George: Sr Dir Quality Med Staff Svcs</td> <td>09/2017</td> </tr> <tr> <td>Theresa Amihere Bervell: Compliance Privacy Mgr Nwr</td> <td>08/2017</td> </tr> </tbody> </table>			Approver	Date	Lisa George: Sr Dir Quality Med Staff Svcs	09/2017	Theresa Amihere Bervell: Compliance Privacy Mgr Nwr	08/2017
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Visitor Guidelines

Scope:

This policy applies to caregivers (all employees) and representatives of Providence Regional Medical Center Everett.

Purpose:

Consistent with our Mission and core values, to provide guidelines on patient visitation that best meets the needs of patients in our care. In keeping with our vision statement, visitors are an integral part of patient care and support. High-quality, compassionate patient care is our first priority and will be the primary goals in establishing visitation guidelines. Providence Regional Medical Center Everett is committed to partnering with patients and their loved ones to create a patient-centric experience.

Definitions:

Support person: An individual who is in a support role for a patient or who is legally responsible for making health care decisions on behalf of a patient. This may include family members, friends or another individual who is there to support the patient. The role of a support person is not limited to a relationship that is legally recognized in Washington. The designation of a support person is not intended to supplant Washington law concerning the patient's legal representative.

High-risk visitor: Includes but is not limited to a person on the hospital campus visiting patients or caregivers with a history of criminal violence or sexual abuse; or who is classified as a sexual offender or has a history of domestic violence; or who is making threats against the safety of a patient, caregiver or other representative; or a person who actively interferes with a patient's medical care.

Policy:

To ensure a healing environment and to protect our patients and caregivers:

- Visitors are asked to always be respectful of other patients, caregivers and the property of Providence Regional Medical Center Everett.
- For the safety and well-being of everyone on campus, visitors must comply with all posted signs and warnings on the facility campus.
- A caregiver on the health care team may impose visiting restrictions when they are deemed essential for

the health and well-being of a patient.

- When patient care or safety is affected, visitors may be asked to leave a patient room at the discretion of the caregiver.
- Visitors with symptoms of illness, such as cold, cough, fever, open wounds, or other illness/disease that poses a risk may not be permitted to enter any patient care area.
- Visitors must follow infection control isolation protocols as outlined in Providence Regional Medical Center Everett policies.
- Visitors of patients in isolation care must comply with stated requirements, such as wearing gloves, gown and mask, when in a patient's room.
- Visitors who are identified as "high risk," as defined in this policy may be asked to follow an appropriate visitation plan that outlines visitation requirements and/or restrictions up to and including no visitation or access to the facility.
- Visitors who become loud, disruptive, or who are lingering in hallways or restricted areas may be required to leave the facility.
- Visitors may not bring non-prescribed medications or alcohol into a patient room.
- Visitors may not bring guns or weapons into the facility (with the exception of on-duty and off-duty law enforcement).

A family member or support person may stay overnight in a patient room if approved in advance by the attending nurse. Out of respect for other patients, if a patient is in a semi-private room, visitors are encouraged to make other accommodation arrangements.

In the event of a pandemic event, such as widespread influenza, hospital visitation may be limited based on recommendations of the local county health department.

Defining family and significant others

When a patient is not able to designate who may visit, the care team may need to work with the patient's designated support person to determine visitation.

- A surrogate decision maker appointed in compliance with Washington state law may exercise the patient's right to designate visitors.
- Oral designation of a support person, regardless of the support person's legal status, is sufficient to establish the person who will designate visitation rights on the patient's behalf.
- Written confirmation of a designation is not required by Providence Regional Medical Center Everett.

When a patient has not designated visitors or a support person and becomes incapacitated, the attending nurse will consult with the charge nurse to identify appropriate visitors. Decisions can be based on the patient's previous visitors and understood preferences and acceptable documentation, such as:

- Advance directive information
- Marital relationship/status
- Existence of other legal relationship: parent-child, civil union, marriage, domestic partnership
- Shared residence
- Shared ownership of property or business
- Acknowledgement of a committed relationship, such as an affidavit

After hours

Visitors may visit during regular visitor hours. Permission from the attending nurse is required in order to stay beyond regular visitor hours. A visitor badge may be required for after hours visitation. Refer to Providence Regional Medical Center Everett procedures.

Inmates in care

For patients in custody, all visitors and calls will be directed through the law enforcement official attending the patient.

Infants

Infants may room-in with a hospitalized mother provided a second responsible adult also remains with the mother and infant. When needed, Providence Regional Medical Center Everett can provide a bedside bassinet. Hospital caregivers are not responsible for the safety, security, care, feeding, or supply needs of the infant who is not under the care of our facility.

Minor children

A legal parent or guardian is authorized to identify visitors on behalf of minor children who are patients.

Minor children visiting a patient should be accompanied by an adult at all times.

Referenced Documents

Reference Type	Title	Notes
Documents referenced by this document		
Applicable Documents	Animal Presence at PRMCE	
Applicable Documents	Hospital Visitors: Procedures	

Lucidoc_Number: 28255

Attachments: No Attachments

Approval Signatures

Approver	Date
Kim Williams: Chief Administrative Officer	08/2018

Applicability

WA - Providence Regional MC Everett



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 Group

Consent for Treatment

SCOPE:

All providers and caregivers within Northwest Washington who are involved in the patient consent process.

PURPOSE:

To provide guidance in regards to the informed consent process, including the roles and responsibilities of the treating provider as well as Providence caregivers.

To describe the procedures for:

- Verifying and documenting the patient's consent for a procedure on the Consent for Operation or Procedure form;
- For handling special situations such as patients with limited English proficiency or emergency situations.
- Identifying the persons authorized to consent to a procedure.

DEFINITIONS:

- **General consent:**
 - For PRMCE: General consent is obtained when the patient, or if the patient is legally incompetent to consent, the patient's legal representative signs under the conditions of admission listed on the registration form used in the admitting process. A blood count is an example of a "simple and common" procedure which is included in the general consent. General consent for care and treatment must be obtained from an adult patient with decision-making capacity or (if the patient is incompetent to consent) a person legally authorized to consent on behalf of the patient .
 - For PMG: General consent is obtained when the patient or (if the patient is incompetent to consent) the patient's legal representative signs during the registration process. General consent for care and treatment must be obtained from an adult patient with decision-making capacity or (if the patient is incompetent to consent) a person legally authorized to consent on behalf of the patient .
- **Informed consent:** A patient is given (in a language or means of communication he/she understands) the information needed in order to consent to a specific procedure or treatment which is known to have significant risks associated with it. If the patient lacks decision making capacity, or is deemed legally incompetent, the same applies to the patient's surrogate decision maker. It must be presented by the LIP

doing the procedure, except in those unique circumstances, such as a PICC line placement where the team member responsible for doing the procedure would be responsible for obtaining the informed consent. As a general rule, the LIP is responsible for obtaining informed consent; there is one exception to this rule; The RT receives informed consent on behalf of the radiologist for CT studies with contract and must include the discussion of the risks, benefits, alternatives and the alternative of not doing the procedure or treatment.

- Lack of decision making capacity.
- Competency
- **Invasive Procedures:** Invasive procedures are defined by Medical Staff Bylaws Section 11.3 (See Appendix C for a more comprehensive list.)
- **Licensed Independent Practitioner (L.I.P.)** An L.I.P. is a health care provider licensed by the state of WA and duly qualified to provide independent care in the hospital. M.D.'s, D.O.'s, ARNP's and midwives are L.I.P.'s. Note: although Physician Assistants are not L.I.P.'s, they are able to provide patients with informed consent for procedures that they will perform under the sponsorship of a physician.

POLICY STATEMENT:

Caregivers will take all reasonable steps to assure the necessary consents for admission, hospital, and medical treatment are obtained in writing from the patient (or his/her legal representative) in accordance with the applicable standards, regulations, and laws of the State of Washington.

1. **A general consent** is included on the conditions of admission form. This general consent is obtained in writing (whenever possible) from the patient or (if the patient is incompetent to consent) his/her legal representative by the hospital staff at the time of admission or registration for hospital services.
2. **Informed consent is required for procedures or tests that are complex, invasive, and/or involve the risk of serious injury**, e.g., blood transfusions, chemotherapy, surgery, anesthesia or analgesia, or non-routine diagnostic procedures such as myelograms, arteriograms, and pyelograms. Appendix C provides a list of many procedures that should be considered to be "invasive".
3. **Responsibility of the Licensed Independent Practitioner (L.I.P.).** The L.I.P. is responsible for identifying and explaining the procedures requiring informed consent to the patient as well as documenting that the patient has given informed consent. L.I.P.'s are responsible for disclosing to their patients information that they know, or should know, would be regarded as significant by a reasonable person in the patient's condition and circumstances in order for the patient to accept or reject the proposed treatment or procedure. The explanation should include:
 - a. The nature of the treatment or procedure;
 - b. The risks, complications, and expected benefits or effects of the treatment or procedure;
 - c. Any alternatives to the treatment or procedure and their risks and benefits; the risks and prognosis if the procedure is not done.
 - d. Who will actually perform the procedure
4. **Responsibility of the anesthesia/sedation physician.** If anesthesia or sedation is to be provided, the anesthesia or sedation physician must determine that the patient has been informed and acknowledges an understanding of the risks and consequences associated with the administration of anesthesia or sedation.
5. **Hospital staff's role.** The hospital staff's role in the informed consent process is to verify the patient's informed consent has been obtained by the responsible practitioner prior to performance of any invasive procedures. This verification is obtained in writing by the hospital staff whenever possible using the

"Consent for Operation, Treatment or Procedure" form prior to the surgery or procedure.

6. **Failure to obtain the patient's consent** in accordance with applicable legal standards may result in a charge of battery, negligence, and/or unprofessional conduct.

GENERAL PRINCIPLES OF CONSENT

1. **Who May Consent to a procedure/treatment?**

See Appendix A: Who may give an informed consent? for more information regarding whether a patient can be deemed "competent" for purposes of giving consent.

- a. **Competent Patient.** If the patient is competent, the patient has the right to consent to, or refuse, treatment. (See Appendix A)
- b. **Minor/Incompetent Patient.** If the patient is incompetent, either as set forth by law (for example, because the patient is a minor), or by reason of a condition (for example, the patient is unconscious or demented), the determination of who may consent depends upon whether a third person has the legal capacity to consent to treatment on behalf of the patient.
- c. **Patient should be alert and oriented.** In addition to being competent, a patient must also be alert and oriented in order to consent to or refuse treatment.
 - i. Reasonable effort should be made to obtain consent **prior** to the administration of a narcotic.
 - ii. If a patient appears alert and oriented but has received a narcotic recently that could affect the patient's judgment, then exploratory questions of the patient should be asked to test for alertness and orientation before obtaining the patient's consent.
 - I. Suggested questions include: "Can you please tell us your name and today's date? Please explain what procedure is being done today" or "Please explain why you are being treated today".
 - II. If the patient's appearance, mannerisms and/or responses to such exploratory questions do not support an alert and oriented state, then a third person who has the legal capacity to consent to treatment should complete the consent. Document observations and verbal responses in support of an alert and oriented state if it is questionable.

2. **Communication Issues**

- a. **Limited English Proficiency Patients**
 - i. A L.I.P obtaining informed consent is responsible for determining whether their patient's or patient's lawfully authorized representative's preferred language is English.
 - ii. If the preferred language is **not** English, all consent discussions must take place in the language of preference of the patient or lawfully authorized representative with the assistance of an interpreter.
 - iii. Whenever possible, a professionally trained interpreter should be used. Refer to "[Interpreter Services](#)" policy and check the Northwest home page for information about [interpreter services](#).
- b. **Patients with Other Communication Barriers** - arrange for consent discussions to take place using a communication modality in which the patient is fluent.
 - i. For the blind, verbal translation in the appropriate language is normally sufficient.
 - ii. For the deaf, written communication or sign language through a professionally trained medical interpreter may be used. A deaf person may indicate that they require a sign language

interpreter and they should be given the same consideration as a patient with limited English proficiency.

iii. Other handicap manifestations such as muteness should be dealt with appropriately.

c. **Documentation of interpreter Services**

i. Enter in Epic who acted as interpreter and the language used.

ii. At top of the consent form, check that a certified medical interpreter was used.

iii. For pre-translated Consent Forms, the patient and witness will sign the form in the language of the patient. The English version of the form will be attached and kept as part of the permanent medical record.

3. **Consent by Telephone, Telegram, Facsimile or Letter**

a. Consent for medical or surgical treatment should be obtained by telephone, telegram, facsimile, or letter only if the person(s) having legal capacity to consent for the patient is not available in person.

b. Consent by telephone should be witnessed by 2 people, at least one of whom must be licensed. The witnesses will remain on the line during the consent conversation. Both of these witnesses to the consent conversation will sign and note date and time of the conversation in the appropriate section of the consent form.

c. In situations in which the consent is granted either by telephone, letter, facsimile, or telegram, the documentation in the medical record must be sufficiently extensive to explain why consent was obtained in this manner.

PROCEDURE

1. **Documentation by L.I.P that Informed Consent has been Obtained** Documentation of the procedural L.I.P.'s communication with the patient will be documented by **one** of the following methods:

a. An informed consent document with risks, benefits, and alternatives included, and placed in the PRMCE chart, signed by the L.I.P.

b. The dictated report or progress note with risks, benefits, and alternatives included.

2. **Role of Hospital Staff Members in Verifying that Informed Consent has been Obtained**

Staff's role in the consent process is limited to verifying that the L.I.P. has obtained the patient's informed consent before the L.I.P. performs the procedure.

a. Verify that the patient understands the procedure and has had questions answered by the L.I.P.
Contact the L.I.P. if the patient appears to be uninformed about the procedure or has questions which need to be addressed before the procedure is started.

b. Obtain documentation of the patient's understanding by helping the patient to complete a PRMCE consent form.

c. Witness the signature of the patient or legal decision maker on the appropriate sections of the consent form.

3. **PRMCE's Consent for Procedure Form**

This form is completed for all patients undergoing an operation or invasive procedure at PRMCE and documents that a patient is consenting to an invasive procedure. The PRMCE Procedural Consent form should be signed and witnessed at PRMCE prior to the procedure but after the L.I.P. has completed the informed consent process. The form has two unique sections:

1. Consent for Procedure.
 - i. Complete the name of the procedure based upon the written order of the proceduralist. Procedure names must be written in full; abbreviations are not acceptable.
 - ii. Complete the name of the provider who will do the procedure.
2. **Consent for transfusion of blood** and blood components.
 - i. **Process if Patient Refuses to Give Consent for a Transfusion.** If the procedural L.I.P. has discussed transfusion with the patient but the patient refuses to give consent for a transfusion then PRMCE staff should take the following steps:
 - I. Offer flier "Frequently asked questions about blood transfusion".
 - II. Have patient sign refusal option on consent form and witness.
 - III. Ask the patient to read & sign the "Release of Liability regarding Refusal of Blood Products" form.
 - IV. Contact the L.I.P.
 - V. Notify the department in the event a procedure will be delayed.
 - VI. Notify Blood Conservation Management Specialist.
 - ii. If the patient is receiving only a transfusion, a separate "Consent for Transfusion of Blood and Blood Components" #35230 may be used.

4. **Patient Confirmation/Witnessing/Copies**

All PRMCE Consent forms should be signed and witnessed at PRMCE, prior to the procedure but after the L.I.P. has completed the informed consent process

- a. **Patient's Signature.** After consideration of the information provided by the L.I.P., including an opportunity to ask questions, the patient (or his/her legal decision maker) should indicate their consent on each appropriate section of the consent form by signing at the bottom of the page. The date and time of signing should also be recorded, along with the signature of a witness.
- b. Expand this section to include patients without decision making capacity
- c. **Witnessing.** Generally, PRMCE staff serve as witness to the patient's signature but the witness may also be an L.I.P. Each section of the form may be witnessed separately.
- d. **Copies.** A copy of the consent form(s) signed by the patient (or his/her legal representative) may be given to the patient (or his/her legal representative) if they request it. A copy of the original signed consent form(s) shall be scanned in the patient's medical record..

5. **SPECIAL CIRCUMSTANCES IN WHICH A L.I.P IS NOT REQUIRED TO OBTAIN FULL INFORMED CONSENT**

There are two special circumstances in which a L.I.P. is not required to disclose all of the information that is required to secure the patient's informed consent.

- a. **Therapeutic privilege.** When the L.I.P. believes that fully informing the patient is not medically sound, because such a disclosure poses a serious threat to the patient, the L.I.P. may withhold the informed consent process.

Exercise of the therapeutic privilege requires the documented concurrence of a consulting L.I.P. who should not be directly involved in the patient's care. In addition, consultation from psychiatry and/or from the Ethics Committee may also be helpful.

Both L.I.P.'s should document in detail:

- i. The rationale for withholding the disclosure of the material information;
 - ii. The material information disclosed to the patient;
 - iii. Any material information not disclosed to the patient;
 - iv. What material information was disclosed or not disclosed to the closest relatives; and
 - v. That approval was secured for proceeding with the treatment or procedure when full disclosure to relatives was made.
- b. **Patient requests not to be informed.** Where the patient requests that he/she not be informed of the risks, etc. of a particular treatment or procedure, the L.I.P. should fully document in the patient's medical record the facts that resulted in this conclusion and that the patient has decision-making capacity. The L.I.P. should also document what, if any, information was disclosed to the patient.

6. EMERGENCY TREATMENT

When a delay in treatment would jeopardize the life or health of the patient and the patient is unable to give an informed consent, the law recognizes an exception to the requirement for obtaining an informed consent.

- a. **Attempt to Obtain Consent.** If at all possible, an attempt to obtain consent for the medical or surgical treatment should be made. If written consent from the patient or his/her legal representative is impossible, verbal consent or consent by telephone in emergency situations may be utilized.
- b. **Certification of Emergency.** Before emergency treatment is provided without obtaining consent, the attending L.I.P. shall determine that the treatment appears to be immediately required and necessary to prevent deterioration or aggravation of the patient's condition. This determination shall be charted by the L.I.P.
- c. **Treat Only the Emergency.** In proceeding without consent, only the required and necessary emergency medical care shall be performed. Unnecessary incidental treatment should be delayed until an attempt to obtain consent from the patient or his/her legal representative is made.
- d. **Knowledge of Facts Negating Consent.** The emergency care shall not be provided if the L.I.P. has knowledge of facts negating consent, e.g. an expression of religious beliefs or a valid Advanced Directive or Living Will.
- e. **When in Doubt.** When in doubt as to whether the consent is available or valid or the procedure necessary to save a life, err on the side of saving a life.
- f. **Consent for Procedure Form.** If the LIP has determined that an emergency treatment is warranted, the "Emergency Consent Exception" box can be checked on the Consent for Procedure form in lieu of obtaining signed consent.

7. REFUSAL TO ACCEPT TREATMENT OR TO SIGN A CONSENT FORM

- a. If a patient or his/her legal representative refuses procedures advised by the attending L.I.P. or refuses to sign the consent form.
 - i. Attempt to resolve the patient's issues/concerns. Notify their L.I.P. who may be able to address the patient's concerns.
 - ii. Follow the steps outlined in the policy [Leaving Against Medical Advice and Patients Restricted From Discharge](#) and document the refusal on the Refusal of Examination, Advised Medical

Care, or Transfer form.

- iii. The progress note should include a description of the nature of the refusal, the fact that the patient was informed of the possible consequences of a refusal and the fact that the patient or his/her representative persisted in the refusal.

8. DURATION OF CONSENT

- a. **A Consent to a Medical Treatment or Procedure** is valid until the patient revokes the consent (verbally or in writing) or until the patient is discharged from the hospital, unless the consent form expressly states otherwise. A new consent is necessary:
 - i. if a change in a patient's condition requires a new procedure or
 - ii. if the risks or benefits of the procedure materially change as a result of the change in condition or
 - iii. the patient has a second, identical procedure during the same stay.
- b. **Consent for Blood Transfusion** is valid for only 30 days, or one admission, whichever comes first. Repeat transfusions are covered under the same Consent for Blood Transfusion if the transfusions are within a single admission or within 30 days.

9. Obtaining consent on an unidentified individual needing non-emergent treatment.

This process is to be used if a patient presents for treatment using an assumed or false name and we are unable to establish the true identity of the individual:

- a. Two witnesses along with L.I.P.(s) involved in the procedure should be present during consent discussions and both witnesses should sign the Consent for Treatment form and any Informed Consent documentation that the L.I.P. may have.
- b. Get a photo of the person who signs the consent form (the "No Identity Patient"), the L.I.P., and witnesses. Security or Patient Safety can help with the photos. Place photos in the chart and make these part of the permanent record.
- c. Document in the medical record that we have no ID to prove patient is who s/he claims to be.
- d. Add a dictated or handwritten addendum to consent document(s) stating something like "Patient presented under this name, with this diagnosis; appearance was _____. We think there is an identity issue and have shared this with the patient, but above patient states s/he is above patient and gives full consent for this procedure in the presence of these witnesses."
- e. **Elective procedures:**
 - i. If procedure is elective, it may be held pending an attempt to obtain appropriate identification. Clinical staff should work with the Administrative Supervisor/Patient Safety staff to try to get identification before proceeding to next steps. Security can assist with ID process as necessary.
 - ii. Patient safety issues to consider: are the diagnostic tests and history and physical for the presenting patient or from another individual? Do we have correct allergy information?
 - iii. Do the benefits of proceeding with the elective procedure outweigh the risks associated with doing an elective procedure on an individual?
 - iv. L.I.P. will make the decision as to whether or not the procedure will move forward and may choose to work with his/her personal risk manager in making the decision.

Appendix A: Who may give an informed

consent?

1. Adult Competent Patient

An adult competent patient must sign his/her own consent/refusal to consent documentation. ***If an adult competent patient is able to provide consent, no one else may provide substituted consent***; except a court of competent jurisdiction. ([RCW 26.28.010 Age of majority](#), [RCW 26.28.015](#)).

- a. **Definition of Adult.** An adult is a person who is 18 year or older, or who has legally married (regardless of a subsequent divorce or annulment).
- b. **Competency.** A patient may be considered to be mentally competent until such time as evidence to the contrary becomes obvious or known. A person lacks legal capacity to provide informed consent if they are unable, for any reason, to appreciate the information provided by the L.I.P. as to the decision on treatment, or to exercise his/her judgment. The patient must be of sound mind and not under duress. The consent should first be read by or read to the patient. The patient should know what is being signed. If in the judgment of the attending L.I.P., the patient is not considered to be of sound mind or mentally competent, as after a head injury, or when under the influence of drugs or alcohol, or when sedated, treatment must be deferred or consent from an authorized representative must be obtained, unless there is an emergency. (See [RCW 11.88.010](#) for a discussion of legal incompetence).
- c. **Incompetency.** A patient may have been declared incompetent by a court, in which case a guardian will normally have been appointed to make a decision on behalf of the competent patient. In cases where the patient has not been declared as incompetent by a court, the attending L.I.P. should determine whether the patient is incompetent at the time the consent is sought to be obtained. The fact that the patient has made a medically irrational choice, or a choice with which most people would disagree, does not in and of itself warrant the conclusion that the patient is incompetent. A patient may also be incompetent at one point in time and not at another. Medication of a patient or severe pain may, but does not necessarily, cause a patient to become temporarily incompetent. The question is whether the pain or medication substantially interfere with the patient's ability to understand the information being provided or exercise responsive judgment.
- d. **Persons Authorized to Provide Informed Consent to Health Care on Behalf of Adult Incompetent Patient.** Persons authorized to provide informed consent to health care on behalf of an adult patient who is incompetent to consent shall be a member of the following classes of persons in the following order of priority per [RCW 7.70.065](#):
 - i. The appointed guardian of the patient, if any;
 - ii. The individual, if any, to whom the patient has given a durable power of attorney that encompasses the authority to make health care decisions;
 - iii. The patient's spouse or state registered domestic partner;
 - iv. Children of the patient who are at least 18 years of age;
 - v. Parents of the patient; and
 - vi. Adult brothers and sisters of the patient.
- e. **Persons in custody of the Law.** A person in custody of a law enforcement agency must still give consent for medical treatment; except in the case of alcohol or drug blood tests. Under certain circumstances consent is implied (Drivers Implied Consent Law [RCW 46.20.308](#)). See *Blood Alcohol Tests* in Appendix B for more details. If the person is unable to consent due to

incompetence, the surrogate decision makers are the same as outlined in the prior section.

2. Minors – General Rules to Consent (see exceptions in Section 3 below)

- a. An excellent one page summary of the primary areas related to minor consent is provided in the reference "Providing Health Care to Minors under Washington Law".
- b. **Definition of a minor:** A minor is any person under the age of 18 who is not or has not been legally married.
- c. *Informed consent discussions with minors should be conducted at a level that can be understood by the minor.*
- d. **Questions?** Any questions about whether a minor can consent to his/her own treatment shall be directed to the Patient Safety Department.
- e. **Persons authorized to provide informed consent to health care on behalf of a minor in the following order of priority per [RCW 7.70.065](#):**
 - i. The **appointed guardian**, or legal custodian authorized pursuant to Title [26](#) RCW, of the minor patient, if any;
 - ii. A **person authorized by the court** to consent to medical care for a child in out-of-home placement pursuant to chapter [13.32A](#) or [13.34](#) RCW, if any;
 - iii. **Parents** of the minor patient;
 - iv. The **individual, if any, to whom the minor's parent has given a signed authorization** to make health care decisions for the minor patient; and a **competent adult representing himself or herself to be a relative** responsible for the health care of such minor patient or a competent adult who has signed and dated a declaration under penalty of perjury pursuant to RCW [9A.72.085](#) stating that the adult person is a relative responsible for the health care of the minor patient. Such declaration shall be effective for up to six months from the date of the declaration.

PRMCE as the healthcare provider may, but is not required to, rely upon the representations or declaration of a person claiming to be responsible for the care of the minor child.

The provider may request documentation to verify the person's claimed status as being responsible for the care of the child. The practice at PRMCE is to request that anytime a child is brought for treatment by any relative other than the child's parent, the relative will be asked to complete a "[Declaration of Responsibility for a Minor's Health Care](#)" form ESI #37148 which is available from the Print Shop and in Patient Care Forms.

A healthcare provider who relies upon the declaration of a person who claims to be responsible for the child is immune from liability in any suit based upon reliance.

3. Exceptions to the general rules regarding consent to minors are noted below.

1. **The reference "Providing Health Care to Minors under Washington Law" discusses special consent situations related to:**
 - i. Emergency Medical Services
 - ii. Non-emergency medical services under the Mature Minor Doctrine.
 - iii. Immunizations

- iv. Sexually Transmitted Disease Testing
 - v. Birth Control Services
 - vi. Prenatal Care services
 - vii. Outpatient and inpatient mental health
 - viii. Outpatient and inpatient substance abuse treatment.
2. **Emancipated Minors.** If emancipated, a minor may give consent. A minor who obtains a court order declaring emancipation may give consent (RCW [26.28.020](#)). Absent a court order, there is no clear definition of an "emancipated" minor. The L.I.P. obtaining such consent must weigh the facts in making any such determination. Age, maturity, intelligence, training, experience economic independence and freedom from parental control are the factors which the Washington courts have stated must be considered (**Smith v. Seibly**, 72 Wn2d 16). When seeking consent of a minor for medical treatment, the L.I.P. should ask the minor questions to determine his/her capacity to understand the proposed medical treatment and should take careful notes of these questions and the minor's answers in order to document the maturity of the minor.
 3. **Married Minors.** A married minor (even one who has been divorced or whose marriage has been annulled) is considered an adult for purposes of providing informed consent or refusal to treatment. To prove marital status, the patient should furnish a copy of the marriage certificate. If the certificate is not furnished, the consent of the parent or guardian should be obtained if possible. The minor may also fit the exception for "emancipated" minor.
 4. **Minor with Divorced Parents.** The parent having legal custody has the final authority on consent issues, although the consent of either parent is sufficient. If there is a conflict between the parents, the one having legal custody shall make the determination. Regardless of the allocation of decision-making authority in the court order, either parent may make emergency decisions affecting the child's health.
 5. **Non-Abandoned Minor Who's Parents are Unavailable.** This situation usually arises where the minor is away from home or in the care, custody or possession of schools, camp, sitter, etc. The hospital will accept a written consent by the minor's parent or legal guardian that such person in the care, custody or possession of the minor patient, can give consent. Also, note that consent may be implied in an emergency room.
 6. **Minors Deserted or Abandoned by Parents.** It must first be established that the minor has been in fact abandoned or deserted by his/her parents. If so, then the matter should be referred to Patient Safety for an opinion as to who may properly give consent. Also, refer to the policy on reporting child abuse or neglect. Child Protective Services (CPS) should be contacted if there is a reasonable belief of abandonment, neglect or abuse.
 7. **Minor Placed for Adoption.** In an agency adoption, when the agency has obtained a relinquishment from the natural parent, then the agency may consent. If a private placement, the hospital should obtain consent from the natural parent and if possible, from the prospective adoptive parents.
 8. **Minors Who are Patients/Children of Minors.** A minor parent has the same right as any other parent to provide consent on behalf of his/her minor child, provided the minor is not so young or immature as to be incapable of giving informed consent.
 9. **Minors in Government/Foster Care.** For children in the custody of foster parents or other placement pursuant to state action or court order, DSHS or the supervising governmental entity shall provide consent to non-emergency procedures.

10. **Minors on Active Duty with United States Armed Forces.** A minor who is serving on active duty with any branch of the United States Armed Forces may consent for hospital, medical or surgical care without having to obtain parental or guardian consent.

4. **Surrogate Decision Makers**

- a. **Duty of Surrogate Decision-Maker.** Before any person authorized to provide informed consent on behalf of an incompetent patient exercises that authority, the person must first determine in good faith that the incompetent patient would consent to the proposed health care. If such a determination cannot be made, the decision to consent to the proposed health care may be made only after determining that the proposed health care is in the patient's best interest.
- b. **Priority of Surrogate Decision-Makers.** If the L.I.P. or other person seeking informed consent for proposed health care of the patient makes reasonable efforts to locate and secure authorizations from a surrogate decision-maker in the first or succeeding class and finds no such person available, authorization may be given by any person in the next class in the order of descending priority. However, no person under this section may provide informed consent to health care if:
 - i. A person of higher priority under this section has refused to give such authorization or;
 - ii. There are two or more individuals in the same class and the decision is not unanimous among all available members of that class.
- c. **Proof of Guardianship.** Proof that a person is the appointed guardian of the patient shall be through provision of Letters of Guardianship issued by a court. If the Letters of Guardianship say that the guardian is a limited guardian, a true copy of the Order appointing the guardian should be examined to determine the limitations on the guardian's authority, to insure that the guardian has authority to make decisions "for the person" of the incompetent as well as for his/her financial estate. For Letters of Guardianship issued more than six (6) months prior to presentation, the health care provider may want to require proof of continued authority by requiring a current copy certified by the issuing Court.
- d. **Power of Attorney.** The power of attorney document must be examined carefully to insure that it is a "durable" power of attorney which states that it survives the incompetency of the patient, and also that it expressly grants authority to the attorney in fact to make health care decisions. Unless he/she is the spouse, adult child, parent or brother or sister of the principal, none of the following persons may act as the attorney in fact for the principal: any of the principal's L.I.P.'s, the L.I.P.'s employees or the owners, administrators or employees of the health care facility where the principal resides or receives care.
- e. **Limitations on Authority of Guardian/Attorney in Fact to Provide Surrogate Consent.** Both guardians and attorneys in fact under a power of attorney may **not** consent to the following health care procedures without prior court order:
 - i. Therapy or other procedure which induces convulsion.
 - ii. Surgery solely for purposes of psychosurgery;
 - iii. Amputation (may include certain surgeries to entirely remove diseased organs);
 - iv. Other psychiatric or mental procedures which are intrusive on the person's body integrity, physical freedom of movement, or the patient's "bill of rights" (see [RCW 71.05.360](#)) or;
 - v. Involuntarily commitment for mental health treatment, observation or evaluation, unless the procedures for involuntary commitment are followed.
- f. **Guardian Ad Litem; Pending Guardianship Proceeding:** A guardianship is initiated by some

interested person filing a petition in the Superior Court of the State of Washington. Upon filing the petition, a guardian ad litem is appointed on the determination of whether the person is incompetent and who the guardian should be. Guardian ad litem do not have the broad authority of a guardian. A guardian ad litem may not consent to discretionary or non-essential health care treatment; the court appointed guardian ad litem only has the authority to provide consent to emergency lifesaving medical services on behalf of the alleged incompetent or disabled person.

- g. **Standby Guardian.** A standby guardian is a person appointed by a regularly appointed guardian, to serve as guardian in the event of incapacity or unavailability of the court appointed guardian. The standby guardian shall have the authority to provide timely, informed consent to necessary medical procedures if the regular guardian cannot be located within four (4) hours after the need for such consent arises. The name, address and telephone number of the standby guardian should be in the court file for the guardianship proceeding.
- h. **Unusual or doubtful situations?** Contact the Patient Safety Department for assistance in determining who may sign, or if a court order is necessary to permit the procedure to be performed. For an emergency, consent is implied.

Appendix B - Special Informed Consent Requirements

Various laws or regulations and certain circumstances impose special informed consent requirements.

1. **Blood Alcohol Tests:** The law implies consent by a patient to a blood alcohol test if certain conditions exist:
 - a. the patient was involved in an accident in which another person was injured;
 - b. there is a reasonable likelihood that the injured person may die as a result of his/her injuries and;
 - c. the patient is under arrest for the crime of driving under the influence of intoxicating liquor or drugs ([RCW 46.61.502](#)).
 - d. The hospital policy is to make a reasonable attempt to honor requests for blood alcohol specimens and tests for law enforcement agencies, provided the requesting law enforcement officer reads and signs the appropriate certification of foregoing circumstances. The hospital will agree to draw blood if undue restraint is not required. Where physical restraint is required, law enforcement agencies will have to provide restraint and, if deemed appropriate by the emergency room L.I.P., provide qualified professional personnel to withdraw blood for examination.
2. **HIV Testing:** The patient's informed consent for HIV testing is required, along with pre-and post-test counseling. In cases of occupational exposure to blood borne pathogens, both the exposed worker and the source patient must give consent for HIV testing of their blood. [WAC 246-100-207](#) allows the provider/lab to obtain either written or verbal informed consent prior to performing an HIV test. At PRMCE a patient may give consent before undergoing a procedure and the consent is documented in Section 1 of the Procedural Consent Form. See [Blood borne Pathogen Exposure Control Plan](#) for more details.
3. **Photography:** The likeness of a patient may be recorded through a number of visual means, including still photography, videotaping, digital imaging, scans, and others. The term "patient photography" will be used for any such recording of a patient's likeness.
 - a. Consent for patient photography used in the diagnosis or treatment of the patient is obtained via the standard conditions of admission form patients sign when admitted, as well as in the *Consent for*

Operation or Invasive Procedure form.

- b. Additional written authorization should be obtained before recording or filming any patient for purposes other than the identification, diagnosis, or treatment of that patient (such as medical education, staff teaching, or publicity purposes). The patient or his/her legal representative should sign and date the form "Patient Authorization for Marketing and Communications". For more details refer to the policy [Release of Information to the Media](#).

4. **Research Subjects:** All research, development, and related activities that involve human subjects, including informed consent requirements, must be reviewed and approved by the Institutional Review Board (IRB) prior to initiation of the activity. Specific written consent is required for each drug or device. In addition, drug manufacturers may provide specific consent forms. The particular consent form for each procedure, drug or device subject to these regulations and guidelines must be approved by the IRB.

The investigator, or sub-investigator designated by the investigator (as defined on Form 1572) must obtain the informed consent. Informed consent must be obtained before non-routine screening procedures are performed and/or before any change in the subject's current medical therapy is made for the purpose of the clinical trial, whichever comes first. The patient should have ample opportunity to ask questions and to decide whether or not to participate in the clinical trial. The patient should not be coerced to participate or continue in a trial. The patient (or legal representative) and the individual obtaining consent must personally sign, date and time the informed consent document which has been approved by WIRB. The patient or legal representative should receive a copy of the signed informed consent document and any subsequent amendments. In situations where the patient can only be enrolled with the consent of a legal representative, the patient should still be informed of the clinical trial compatible with their level of understanding. In addition to the legal representative, the patient should (if capable) sign, date and time the informed consent document following the explanation of the trial. For additional information regarding research-related requirements, consult [Standards of Practice - Clinical Research Department](#) policy.

5. **Autopsies:** For additional details regarding autopsies, see policy [Patient Death: Adult, Child or Fetal Demise](#).
 1. **Consent for autopsy.** Consents are to be obtained after expiration of adult or child. Autopsy may be requested by attending L.I.P., family, or ME. Autopsy permit is not required on ME's cases.
 2. The right to request or refuse an autopsy([RCW 68.50.101](#)) may be exercised by the following persons in the order of priority set out;
 1. the surviving spouse or state registered domestic partner;
 2. any child of the deceased individual who is 18 years of age or older;
 3. one of the parents of the decedent;
 4. legal-aged sibling;
 5. A person who was guardian of the decedent at the time of death
 6. Any other person or agency authorized or under an obligation to dispose of the remains of the decedent.
 7. Telegram is acceptable and/or phone authorization by two witnesses may be obtained.
6. **Disposition of Remains:**
 - a. See revised code below

Persons authorized to make an anatomical gift — After donor's death.

Appendix C - List of Invasive Procedures

Invasive Procedures are defined per Medical Staff Bylaws. The following is not an exhaustive list. It is intended to clarify some procedures which have been questioned.

Procedure Name	Requires Informed Consent
Ablations	Yes
Amniocentesis	Yes
Angiogram	Yes
Angiography	Yes
Angioplasties	Yes
Arthrogram	Yes
Arterial Line insertion (performed alone)	Yes
Aspiration Cyst (simple/minor)	No
Aspiration Cyst (complex)	Yes
Blood Administration	Yes
Blood Patch	Yes
Bone Marrow Aspiration	Yes
Bone Marrow Biopsy	Yes
Bronchoscopy	Yes
Capsule Endoscopy	Yes
Catherizations, Cardiac & vascular	Yes
Cardioversion	Yes
Central Line	Yes
Chemotherapy	Yes
Chest Tube Insertion	Yes
Circumcision	Yes
Core Biopsy - (stereotactic or ultrasound guided)	Yes
Dialysis Catheter Insertion	Yes
Discogram	Yes
Endoscopies	Yes
Epidural Catheter for chronic pain mgmt.	Yes
ERCP	Yes
Feeding Tube (nasointestinal)	No

Fine Needle Aspiration	Yes
Fistulogram (Dialysis Shunt Angio)	No
Foley Catheter	No
Galactogram/Ductogram	Yes
HIV Testing	Yes
Procedure Name	Requires Informed Consent
I & D Abscess	Yes
IV Contrast Media	Yes
IV therapy	No
Joint Injection	Yes
Joint relocation with sedation	Yes
Lumbar Puncture	Yes
Lymphoscintigraphy	No
Myelogram	NO
Needle Localization mammogram	Yes
Non-OR Eye Laser Procedure	Yes
Paracentesis	Yes
Percutaneous aspirations & biopsies	Yes
Pericardial tap	Yes
Perinatal Blood Testing	Yes
PICC Line	Yes
Porta Cath Insertion	Yes
Radiation Therapy	Yes
RF Ablation	Yes
Sedation, deep	Yes
Sedation, procedural/moderate	Yes
Sinogram	Yes
Swan Ganz Line	Yes
Thoracentesis	Yes
TIPS (Transjugular intrahepatic portosystemic shunt)	Yes
TPA administration	Yes but not required when TPA is used to clear a line.
Transesophageal Echocardiograms (performed alone)	Yes
Tube Change (gastrostomy/PEG)	No

Tube Check (such as biliary tubes)	No
Umbilical Artery/Vein Line	Yes
Venipuncture	No
Ventricular tap	Yes
Vertebroplasty	Yes
Voiding Cystourethrogram	Yes
White Cell Study	Yes

68.64.080

Persons authorized to make an anatomical gift — After donor's death.

1. Subject to subsections (2) and (3) of this section and unless barred by RCW [68.64.060](#) or [68.64.070](#), an anatomical gift of a decedent's body or part may be made by any member of the following classes of persons who is reasonably available, in the order of priority listed:
 - a. An agent of the decedent at the time of death who could have made an anatomical gift under RCW [68.64.030](#)(2) immediately before the decedent's death;
 - b. The spouse, or domestic partner registered as required by state law, of the decedent;
 - c. Adult children of the decedent;
 - d. Parents of the decedent;
 - e. Adult siblings of the decedent;
 - f. Adult grandchildren of the decedent;
 - g. Grandparents of the decedent;
 - h. The persons who were acting as the guardians of the person of the decedent at the time of death; and
 - i. Any other person having the authority under applicable law to dispose of the decedent's body.
2. If there is more than one member of a class listed in subsection (1)(a), (c), (d), (e), (f), (g), or (h) of this section entitled to make an anatomical gift, an anatomical gift may be made by a member of the class unless that member or a person to which the gift may pass under RCW [68.64.100](#) knows of an objection by another member of the class. If an objection is known, the gift may be made only by a majority of the members of the class who are reasonably available.
3. A person may not make an anatomical gift if, at the time of the deceased individual's death, a person in a prior class under subsection (1) of this section is reasonably available to make or to object to the making of an anatomical gift.
 1. Subject to subsections (2) and (3) of this section and unless barred by RCW [68.64.060](#) or [68.64.070](#), an anatomical gift of a decedent's body or part may be made by any member of the following classes of persons who is reasonably available, in the order of priority listed:
 - a. An agent of the decedent at the time of death who could have made an anatomical gift under RCW [68.64.030](#)(2) immediately before the decedent's death;
 - b. The spouse, or domestic partner registered as required by state law, of the decedent;
 - c. Adult children of the decedent;

- d. Parents of the decedent;
 - e. Adult siblings of the decedent;
 - f. Adult grandchildren of the decedent;
 - g. Grandparents of the decedent;
 - h. The persons who were acting as the guardians of the person of the decedent at the time of death; and
 - i. Any other person having the authority under applicable law to dispose of the decedent's body.
2. If there is more than one member of a class listed in subsection (1)(a), (c), (d), (e), (f), (g), or (h) of this section entitled to make an anatomical gift, an anatomical gift may be made by a member of the class unless that member or a person to which the gift may pass under RCW [68.64.100](#) knows of an objection by another member of the class. If an objection is known, the gift may be made only by a majority of the members of the class who are reasonably available.
 3. A person may not make an anatomical gift if, at the time of the decedent's death, a person in a prior class under subsection (1) of this section is reasonably available to make or to object to the making of an anatomical gift

Lucidoc_Number: 10127

Attachments:

[Providing Healthcare to Minors](#)

Approval Signatures

Approver	Date
Lisa George: Sr Dir Quality Med Staff Svcs	09/2018

Applicability

WA - NWR Providence Medical Group, WA - Providence Regional MC Everett