

General Consent to Treat – Adult

Definitions: Every competent adult has the fundamental right of self-determination over his or 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 or her own decision. (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 interests 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 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 over. 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 or 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 then 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 Name: _____
Address: _____
Phone: _____

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I authorize the above stated physician, his associates, assistants, and other qualified medical personnel of his/her choice to treat me and to recommend and/or order laboratory tests or other specialized tests as indicated for diagnosis for my medical condition.

Signed: _____
Patient's Signature Date

Witnessed: _____
Name Date

Patient Name: _____

Date of Birth: _____

