

Office Safety Policy & Procedure Manual

2011

Section G

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|-----------------------------|-------------------------|
| POLICY NUMBER | OS-G100 |
| POLICY TITLE | After Hours Call |
| INITIAL EFFECTIVE DATE | 01/01 |
| REVISION EFFECTIVE DATE (S) | 11/08 |
| DEPARTMENT | Quality Assessment |
| ORGANIZATION (S) | CCHP, CCHCA |
| LINES OF BUSINESS | |

Purpose

To ensure 24 hour physician access for members and ensure continuity of care.

Policy

It is the policy to ascertain that member's needs are responded to after normal business hours.

Procedure

After hours calls (defined as those hours which are not normal medical group business hours) may be managed by a telephone system which pages a provider or an on-call provider for patient triaging or authorization of care.

The answering service shall give the following information to the patient. "If you feel that your problem is a life-threatening call 911 immediately."

If a physician uses an answering machine, the message must include:

- 1) Have a number to connect to a message pager or physician directly
- 2) A phone number to connect to a covering physician or answering service
- 3) Instructions to call 911 if the problem is a life-threatening emergency or go to the nearest emergency/treatment center.
- 4) Assurance that the member will receive a call back within the next four hours.

If the physician uses an answering service, the physician must instruct the service to let their patients know that if they feel they have a serious acute medical condition that they should seek immediate care by calling 911 or going to the nearest emergency room.

Responsibility/Department Linkages

Physician(s) / QA Assessment Department

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|-----------------------------|------------------------------|
| POLICY NUMBER | OS- G101 |
| POLICY TITLE | Appointment Standards |
| INITIAL EFFECTIVE DATE | 09/98 |
| REVISION EFFECTIVE DATE (S) | |
| DEPARTMENT | Quality Assessment |
| ORGANIZATION (S) | CCHP, CCHCA |
| LINES OF BUSINESS | |

Purpose

To ensure appropriate medical services access for all members.

Policy

It is the policy to provide access to members in a timely manner as identified by the situation.

Procedure

- 1) Emergency (Serious condition requiring immediate intervention): Immediate
- 2) Urgent (Condition that could lead to a potentially harmful outcome if not treated, and/or requires immediate attention because of symptom severity): Within 24 hours
- 3) Non-Urgent (Limited physical exam for follow-up of acute or chronic medical or surgical condition): Within 7 Calendar Days
- 4) Consultation Specialist Referral (Appointment for a non-urgent referral visit with a specialist): Within 14 Calendar Days from time of PCP referral request
- 5) Well-Baby and Physical Exam (Appointment for a well baby or child exam and complete physical exam): Within 30 Calendar Days
- 6) Office Wait Time: Within 30 Minutes with an appointment
Within 60 Minutes –No appointment
- 7) After Hours Care: 24 Hours/Day by Telephone
- 8) Call Wait Times: <30 Seconds

Responsibility/Department Linkages

The Physician(s), nursing and office staff / QA Assessment Department

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|-----------------------------|----------------------------|
| POLICY NUMBER | OS- G102 |
| POLICY TITLE | Missed Appointments |
| INITIAL EFFECTIVE DATE | 10/98 |
| REVISION EFFECTIVE DATE (S) | |
| DEPARTMENT | Quality Assessment |
| ORGANIZATION (S) | CCHP, CCHCA |
| LINES OF BUSINESS | |

Purpose

To provide a mechanism for communication by the provider for failed or missed appointments to ensure appropriate medical care. To monitor patient non-compliance.

Policy

It is the policy that its providers will follow up on missed appointments.

Procedure

- 1) Physicians shall document in the progress notes when a follow-up visit is necessary and will inform the patient of the need for this follow-up. An appointment card shall be given to the patient and the appointment will be logged.
- 2) If the return appointment date is for three months or longer, a system shall be in place such that the appointment date is checked at the beginning of each month and a reminder notice is mailed to the patients whose visits are scheduled for that particular month.
- 3) “No Show” will be written in the charts of patients who fail to keep an appointment. “Rescheduled” will be written in the charts of patients who reschedule appointments. “Canceled” will be written in the charts of patients who cancel appointments.
- 4) The provider will be made aware at the close of each working day of all missed appointments. The provider will determine if the patient needs to be seen and the urgency of contacting the patient.
- 5) The provider will determine whether a phone call, letter or no intervention is required.
 - a) Emergent — notification by telephone and F/U by Telegram is unsuccessful.
 - b) Urgent - notification by telephone and F/U by certified mail after 3 unsuccessful telephone attempts to reach the patient.
 - c) Non-Urgent —if the missed appointment was for a follow-up on a medical condition, and the patient has not rescheduled within one week, a notification should be sent requesting that the patient contact the physician office (see Exhibit A). If no response, send the follow-up notices (Exhibit B) and third notice (Exhibit C) is sent certified. A final notice(Exhibit D) is sent certified and a copy

to the Health Plan and Medical Group.

- 6) If the patient fails to keep three appointments within a three month period, then form letter (Exhibit E) shall be sent to the patient with a copy to the Health Plans Office.
- 7) Copies of all correspondence are to be placed in the patient's medical record.

Responsibility/Department Linkages

Physician(s), nursing and office staff. / Quality Assessment Department

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|-----------------------------|--|
| POLICY NUMBER | OS- G103 |
| POLICY TITLE | Continuity & Coordination of Care |
| INITIAL EFFECTIVE DATE | 08/02 |
| REVISION EFFECTIVE DATE (S) | |
| DEPARTMENT | Quality Assessment |
| ORGANIZATION (S) | CCHP, CCHCA |
| LINES OF BUSINESS | |

Purpose

To ensure a continuous, coordinated flow of medical care in the time frame, manner and level that facilitates optimal treatment interventions and outcome for members during an illness episode.

Policy

It is the policy that each member be provided the highest quality of care throughout the period of illness, facilitating movement between the appropriate levels of care as required, within the appropriate time frames, ensuring continuous and appropriate interventions.

Procedure

1. Continuity and coordination of care will be monitored across practices and provider sites.
2. The parameters of care will include medical service availability and accessibility, linkages between PCP and SCPs, medical care and behavioral health care, coordination among SCPs, appropriate combinations of prescribed medications, coordinated use of ancillary services (inclusive of community and social services), medical record standards, retrieval and transfer system, timeframe standards for specialist consultation reports and ancillary services reports, identification of person responsible for continuity and coordination of care, and appropriate case management, health management and discharge planning.
3. Collaborate with its behavioral health specialist to:
 - Exchange information (including medical records and medical history) in an effective, timely and confidential manner, including patient approved communications between medical practitioners and behavioral health practitioners and providers.
 - Assess the appropriate diagnosis, treatment and referral of behavioral health disorders commonly seen in primary care.
 - Coordinate timely access for appropriate treatment and follow-up for individuals with coexisting medical and behavioral disorders.

4. Collect and analyze data to evaluate continuity and coordination of care, identify opportunities for improvement, and implement interventions for improvement.
5. Notifies members affected by the termination of PCP or practice site at least 30 calendar days prior to the effective termination date and assist them in selecting a different PCP or site.
6. Notify members being seen regularly by a SPC or specialty group whose contract is terminated at least 30 calendar days prior to the effective termination date and assist them in selecting a different practitioner or practice.
7. Allow member already undergoing an active course of treatment for acute and serious chronic conditions under a physician who's contract with Health Plan/Medical Group and /or the health plan is ending, to have continued access to that practitioner for a limited period of time (through current period of active treatment of up to 90 calendar days, whichever is shorter). This does not apply to practitioners who voluntarily leave the Health Plan/Medical Group. For high risk pregnancies and pregnancies in the 2nd or 3rd trimester, continued healthcare will be provided until post partum services are complete. Health Plan/Medical Group may require the terminated physician to agree in writing to be subject to the same contractual terms and conditions that were in effect prior to the termination.
8. Ensure that senior members:
 - Receive health management services and training (i.e., in self care, medication management, use of medical equipment, potential complications and when these should be reported to practitioners, scheduling of follow-up services, patient education as part of discharge planning) to maintain and improve their own health status
 - Are informed of specific health care needs that require follow-up
 - Comply with prescribed treatments or regimens
 - Who are unable to, or are failing to cooperate in their own treatment have counseling and facilitate appropriate community/social services available to them. These services will identify social, financial, or other barriers that prevent members from cooperating with treatment and referrals.

Responsibility/Department Linkages

PCP or Case manager / QA Assessment Department, UM Department

| | |
|-----------------------------|--------------------|
| POLICY NUMBER | OS- G104 |
| POLICY TITLE | Co-Payment |
| INITIAL EFFECTIVE DATE | 12/99 |
| REVISION EFFECTIVE DATE (S) | |
| DEPARTMENT | Quality Assessment |
| ORGANIZATION (S) | CCHP, CCHCA |
| LINES OF BUSINESS | |

Purpose

To ensure that members are aware of different allergy co-payment

Policy

Provide enrollees with information about allergy benefit co-payment

Procedure

1. Verify from card, or phone plan for verification of benefit.
2. Have enrollee sign and date form.
3. File original document in patient record and give copy to patient.

Responsibility/Department Linkages

Physician(s), nursing and office staff / QA Assessment Department

| | |
|-----------------------------|--------------------|
| POLICY NUMBER | OS- G105 |
| POLICY TITLE | Eligibility |
| INITIAL EFFECTIVE DATE | 10/98 |
| REVISION EFFECTIVE DATE (S) | |
| DEPARTMENT | Quality Assessment |
| ORGANIZATION (S) | CCHP, CCHCA |
| LINES OF BUSINESS | |

Purpose

To ensure appropriate medical services access for patient who does not have a membership card nor appears on the current eligibility list.

Policy

Provide access to Medical Care

Procedure

1. Verify eligibility by phone if available
2. If not able to verify, explain to patient
3. Have patient sign the Waiver Form (exhibit A)
4. File Waiver Form in patient's chart

Responsibility/Department Linkages

Physician(s), nursing and office staff / QA Assessment Department, Claims, UR Department and Member Service

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|-----------------------------|--------------------|
| POLICY NUMBER | OS-G106 |
| POLICY TITLE | New Patient |
| INITIAL EFFECTIVE DATE | 10/98 |
| REVISION EFFECTIVE DATE (S) | |
| DEPARTMENT | Quality Assessment |
| ORGANIZATION (S) | CCHP, CCHCA |
| LINES OF BUSINESS | |

Purpose

Provide information for new patient.

Policy

1. Physician may direct to send a welcome letter to new members.
2. The letter gives the patient information about obtaining.

Procedure

1. New patient should have received a Member ID Card and selected a PCP.
2. Office Staff should give the patients information about the hours they are open and any other information they may need.
3. Informed new patient that they need to call PCP's office for any urgent or emergency needs.
4. Suggest notification of office hours, procedures new enrollment and after hours call.

Responsibility/Department Linkages

QA Assessment Department

| | |
|-----------------------------|------------------------|
| POLICY NUMBER | OS- G107 |
| POLICY TITLE | Staff Education |
| INITIAL EFFECTIVE DATE | 11/02 |
| REVISION EFFECTIVE DATE (S) | |
| DEPARTMENT | Quality Assessment |
| ORGANIZATION (S) | CCHP, CCHCA |
| LINES OF BUSINESS | |

Purpose

Office staff shall receive training and education needed to perform their duties and for use in their scope of work.

Policy

Office staff and other healthcare personnel shall receive safety training and/or information needed for their work.

Procedure

Staff shall receive training and /or information when first hired and annually thereafter in the following areas:

- Biohazardous waste handling
- Blood Borne Pathogens Exposure Prevention
- Child/Elder/Domestic Violence Abuse
- Fire safety and prevention
- Grievance/Complaint Procedure
- Health Plan referral process/procedures/resources
- Infection control/universal precautions
- Informed Consent, including Human Sterilization
- Onsite medical emergency procedure
- Patient Confidentiality
- Prior Authorization Requests
- Procedures for natural disasters i.e. earthquake
- Sensitive Services/Minors' Rights (SFHP only)
- Sharps Injury

Documentation maintained showing education/training for non-licensed medical personnel to:

- Administer medications
- Operate medical equipment.

Responsibility/Department Linkages

Quality Assessment Department

Documentation of Employee Training

Use this form when you make a general safety announcement that is applicable to all employees. For instance, if you discuss fire and emergency prevention plants at a safety meeting, this form can document that training.

Name of Trainer: _____

Date: _____

TRAINING SUBJECTS/SAFETY CATEGORY ADDRESSED:

| Topic | Description of Training | Training Date |
|--|---|---------------|
| Bloodborne Pathogens exposure/prevention | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| Fire safety & prevention | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| Procedures for non-medical emergencies: earthquake, terrorist attacks, site evacuation | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| Procedures to be carried out if medical emergency on site | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| Infection control and universal precautions | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| Biohazardous waste handling | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| Child/elder abuse & domestic violence | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| Patient confidentiality | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| Informed consent, including human sterilization | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| Prior authorization requests | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| Grievance / complaint procedure | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| Sensitive services / minors' rights | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| Health Plan referral process/procedures/resources | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| Medication administration methods | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| Operation of medical equipment/performance of clinical laboratory procedures | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |

TRAINING MATERIALS PROVIDED/USED:

NAME OF EMPLOYER:

EMPLOYEES IN ATTENDANCE:

| PRINT | SIGNATURE |
|-------|-----------|
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|-----------------------------|-------------------------|
| POLICY NUMBER | OS- G108 |
| POLICY TITLE | Telephone Advice |
| INITIAL EFFECTIVE DATE | 04/02 |
| REVISION EFFECTIVE DATE (S) | |
| DEPARTMENT | Quality Assessment |
| ORGANIZATION (S) | CCHP, CCHCA |
| LINES OF BUSINESS | |

Purpose

Ensure that clinical medical advice is given by licensed medical providers.

Policy

Licensed medical providers working within their scope of practice shall give clinical medical advice to members.

Procedure

1. Telephone calls from patients requesting medical advice shall be written noting the time, date, person who is calling, and message. The person receiving the call must ask about the urgency of the call.
2. Urgent and emergent calls shall be forward to the practitioner immediately.
3. If the practitioner is not available, the member should be directed to call 911 or go to the nearest emergency or treatment room.
4. Routine Calls may wait for physician response.
5. All calls and provider response are documented in the patient's record.

Responsibility/Department Linkages

Quality Assessment Department

| | |
|-----------------------------|----------------------------|
| POLICY NUMBER | OS- G109 |
| POLICY TITLE | Translation Service |
| INITIAL EFFECTIVE DATE | 10/98 |
| REVISION EFFECTIVE DATE (S) | 09/04 |
| DEPARTMENT | Quality Assessment |
| ORGANIZATION (S) | CCHP, CCHCA |
| LINES OF BUSINESS | |

Purpose

To provide a mechanism for handling requests for an interpreter and/or auxiliary aid for all members and prospective members with special needs.

Policy

Our policy is to facilitate interaction between the physician and patient. There are established mechanisms to ensure all members, and prospective members, who are sensory impaired and/or have limited English proficiency skills have an equal opportunity to access and participate in all services, in accordance with Federal and State laws. Interpretive and/or auxiliary aids are made available upon request, at no cost to the member or prospective member. Upon the member’s express request, a family member or friend may act as an interpreter, subsequent to being informed that will provide an interpreter at no cost to the member.

Definitions:

Auxiliary Aid: include such services as qualified interpreter, telephonic device for the hearing-impaired (“TDHI”), audio-tape, and large print material.

An Interpreter is one who translates orally from one language into another; or facilitates communication between the hearing impaired.

Participating Provider: a person/facility/organization or institution appropriately licensed to deliver healthcare services within the scope of the entity’s license, which has entered into a written agreement with provider and from whom the Member is entitled to receive covered services.

Procedure

A. Overview

1. There is a contract with a full service language interpretation and translation vendor to meet the needs of its limited-English proficient (LEP) customers.
2. The language line service available twenty-four (24) hours per day, seven (7) days per week may be utilized for telephonic, written translation services and, in-person, functions for LEP customers.
3. Persons providing medical language interpretation services are trained in medical interpretation.

- B. Process
1. The provider shall call Member Services if language capabilities are not available at the site.
 2. Member Services will verify patient eligibility and determine if the language spoken by patient is available through personnel at Member Services
 3. If appropriate language services are unavailable, the member is placed on conference hold.
 4. Member Services calls AT&T Language Line Services using the appropriate toll free number and provides the Client ID Number and Reference Number and . Language needed
 5. Wait for the Answer Point to conference in the Interpreter. Member Services will briefly summarize what the interpreter is expected to accomplish and give any special instructions.
 6. The physician office/patient is added to the line. A third line may be needed to conference in a third party.
 7. When the call is completed, say “end of call” to the interpreter
- C. Members [other than CCHP] requesting materials printed in other languages are referred to their respective HMO for assistance.
- D. CCHP members who are visually impaired may access printed member material information in the following manner
1. the material may be communicated over the phone
 2. large print publications may be used
 3. an audio recording may be used.
- E. CCHP members who are hearing impaired and/or speech disabled may use the TDD/TTY line to communicate with CCHP. Information on accessing the number is found in printed member materials, member letters, newsletters and the Explanation of Coverage.
- F. A sign language interpreter will be provided at the request of the member, prospective member or the member’s representative for in-person interpreter services for sensory impaired members. Arrangements for an appropriately qualified sign language interpreter are coordinated with the Member Services department. Advance notice is required to ensure availability of the service.

Responsibility/Department Linkages

Physician office, Members Services / Quality Assessment Department, Member Services

| | |
|-----------------------------|--------------------------|
| POLICY NUMBER | OS- G110 |
| POLICY TITLE | Treatment Consent |
| INITIAL EFFECTIVE DATE | 01/01 |
| REVISION EFFECTIVE DATE (S) | |
| DEPARTMENT | Quality Assessment |
| ORGANIZATION (S) | CCHP, CCHCA |
| LINES OF BUSINESS | |

Purpose

To ensure the patient's right to consent or refuse to consent to any recommended medical procedure and to ensure the patient has sufficient information to make that consent meaningful.

Policy

It is the policy that patients have the right to information regarding therapy and/or treatment and that consent, either verbal or written, be obtained prior to the therapy and/or treatment.

Procedure

Consent: The patient must give consent for the administration of any therapy or treatment, as by law, the patient has the right to decide what will happen to her or her body with regard to medical care. If a physician treats a patient without any consent, a physician may be liable for battery, an intentional tort.

1. Informed Consent:

1.1 Where the procedure is not readily understood or considered to be complex, carrying significant risk, the patient's consent must be informed. This consent may be verbal or in writing (use of consent form). If verbal, the practitioner must document the informed consent in the patient's medical record. If in writing, the written consent form should not stand alone as evidence of informed consent, but should rather serve as an adjunct to physician documentation of the discussion. All written and verbal consent information must be in the language the patient understands. The patient must be given sufficient medical information in lay terms to make a knowledgeable decision. The physician must have a discussion with the patient and document its occurrence. Documentation will include:

- 1.1.1. Nature of the recommended treatment
- 1.1.2. Risks, complications, potential effects, and expected benefits
- 1.1.3. Concomitant contraindicated activities or current medications
- 1.1.4. Alternatives to the procedure (including the alternative of no procedure) and their risks and benefits

- 1.1.5. All relevant information necessary to enable the patient to make an informed decision whether to seek post-operative or other follow-up treatment
- 1.1.6. Subsequent physician knowledge post treatment of dangers posed by the treatment/procedure (including any steps that can be taken to avert potential harm)

1.2. Where the patient's decision-making must be informed, the physician is responsible to provide the information to ensure that the patient understands the consequences of their choice. This should not be delegated to the staff. However, where appropriate, the staff can serve to provide supplemental information and education to support the physician's efforts to educate the patient. The patient should be informed that he/she may withdraw his/her consent at any time before the proposed medical procedure has been initiated.

1.3. If a patient lacks capacity (the ability to understand the nature and consequences of the proposed treatment), the patient's representative has the right to give informed consent or refusal on the patient's behalf. The patient's incapacity is to be determined by a court (per Probate Code 810-813) or the patient's physician unless patient or the patient's representative dispute the physician's determination. If the physician determines incapacity, that determination and its proponents shall be documented in the patient's medical record. A patient's representative may be – a person designated under the Durable Power of Attorney, a conservator specifically authorized by a court to make health care decisions pursuant to Probate Code 1800 and 3200 *et seq.*, a next of kin, any other appropriate surrogate designated consistent with statutory and case law, or if the patient is a minor, someone lawfully authorized to represent the minor.

1.4. If the patient is without capacity and a surrogate decision-maker, and a resident of a SNF or intermediate care facility, the physician reviews the patient's medical record, interviews the patient and patient family and friends (as applicable), consults with the staff (as appropriate) and convenes an interdisciplinary care giver committee to prescribe and monitor patient's medical intervention (acting within reasonable medical standards) at least quarterly.

2. Informed Consent Forms: If used, these should include the following:

- 2.1. Authorization for a specified physician (and the physician's assistants) to perform a specified medical procedure (described in both medical and lay terms)
 - 2.2. Description of procedure's risks to include a list of the general risks and complications which may occur in connection with most procedures (i.e. bleeding, infection, pain, swelling, poor healing, scarring, adverse reaction to anesthesia or medication, and rarely, death), as well as a list of the risks specific to the procedure, and a disclaimer statement re inability to list all possible undesirable effects and procedure may or may not improve condition
 - 2.3. Description of alternative methods of treatment, their risks and benefits, and why the physician has recommended the specified procedure
 - 2.3.1 Description of anticipated benefits of the specified procedure with a disclaimer regarding guarantees or assurances.
 - 2.3.2. Section for documentation that the patient has been encouraged to ask questions concerning the procedure, has had a sufficient opportunity to discuss the procedure with the physician, and has had all of this/her questions answered
 - 2.3.3. Patient's name, place for patient's signature and date, and where the patient does not have the capacity to consent on his/or own behalf, a space for the name, relationship and signature of the patient's legally authorized representative
 - 2.3.4 May include a section documenting that the patient has had the opportunity to, or has obtained a 2nd opinion, or, if appropriate
 - 2.3.5. May include a section stating that the patient understands that unforeseen circumstances may arise that make it necessary or advisable during the course of the procedure to perform different or additional procedures and the patient consents to the performance of those procedures
 - 2.3.6 May include a statement that the patient has received and reviewed additional material concerning the procedure, such as a pamphlet, audiotape, videotape, slide presentation, lecture, etc.
3. Specific Procedures: Compliance with California statutes is required in the case of assisted reproduction, blood testing in pregnancy, HIV testing, genetic testing, blood transfusions, breast cancer, treatment of patients with Dimethyl Sulfoxide (DMSO), hysterectomy, prostate cancer, silicone implants/collagen injections, research, sterilization, immunizations, electro-convulsive therapy, psychosurgery, psychotherapeutic drugs and physical restraints, human experimentation, and investigational use of drugs and devices. Some of these are discussed below:
 - 3.1. Assisted Reproduction: A physician who removes sperm or ova from a patient, must before the sperm or ova are used for a purpose other than reimplantation in the same patient, or implantation in the patient's spouse,

obtain a specified written consent from the patient. The consent must meet the following requirements:

- 3.1.1. Be in writing and contain the statement, "I, [name of donor], do hereby donate [type and number, if applicable, of sperm or ova] to [name of clinic or other donee] for [specify purpose];
 - 3.1.2. Contain a statement by the donor that provides for the disposition of any unused donated material;
 - 3.1.3. Be signed by the patient and the physician who removes the sperm or ova;
 - 3.1.4. Contain a notification that it is an important document that should be retained with other vital records.
 - 3.1.5. If the procedure took place in the hospital, the physician must provide a copy of the consent to the hospital.
 - 3.1.6. A violation of assisted reproduction consent procedure constitutes unprofessional conduct and may subject the physician to civil and criminal liability.
- 3.2. Blood Testing in Pregnancy: A physician providing prenatal care or attending a woman at the time of delivery must obtain or cause to be obtained a blood specimen on the 1st visit or within 10 days thereafter and submit it to an approved laboratory to be tested for syphilis. That physician must also obtain a blood specimen for determination of rhesus (Rh) blood type and hepatitis B.
- 3.3. HIV Testing: Physicians must offer HIV information and counseling to every pregnant patient.
- 3.4. Genetic Testing: Physicians must offer genetic testing to every pregnant woman. Physicians must genetically test each child born in California, unless a parent or guardian of the newborn child objects on religious grounds (per Health & Safety Code 125000, 17 C.C.R. 6500 *et seq.* And 6521 *et seq.*)
- 3.5. Blood Transfusions: Whenever there is a reasonable possibility that a blood transfusion may be necessary as a result of a medical or surgical procedure, the physician must inform the patient of the benefits and risks of receiving various types of blood transfusion options.
- 3.5.1. The physician must provide the information by means of the standardized written summary ("If You Need Blood") produced by the State Department of Health Services (DHS).
 - 3.5.2. Physicians must obtain and use the most current summary, reviewed by the DHS annually. Copies of the summary may be requested of the DHS by writing to P.O. Box 1015, North Highlands, CA 95660.
 - 3.5.3. The physician must note in the patient's medical record that the standardized written summary was given to the patient. When no emergency or contraindications exist, the physician must allow adequate time before the procedure for pre-donation to occur, unless the patient consents to an earlier time. DHS recommends that, in general, the optimal donation period begin 4-6 weeks prior

to surgery and the last blood donation be collected no later than 72 hours before surgery.

3.6. Breast Cancer:

3.6.1. Health & Safety Code 109277 requires every physician who screens or does biopsies for breast cancer to post a sign with prescribed wording relating to the above brochure. The sign concerning the brochure must be posted near where the breast cancer screening or biopsy is performed or at the patient registration area. The sign must be at least 8 1/2" X 11" and conspicuously displayed so as to be readable. The words "Be Informed" must be at least 1/2" in height and centered on a single line with no other text. The message must appear in English, Spanish and Chinese.

3.6.2 Health & Safety Code 109275 requires that physicians provide a standardized summary discussing alternative breast cancer treatments and their risks and benefits. In addition, physicians must note in the patient's chart that the physician has given the patient the summary prior to the performance of a biopsy. Distribution of a brochure prepared by the DHS constitutes compliance with the law. This brochure may be ordered from:

Breast Cancer Treatment Options

1430 Howe Avenue, Suite 50

Sacramento, CA 95825

Phone (916) 263-2466 or Fax (916) 263-2479

3.7. Treatment of patients with a DMSO preparation: Special informed consent requirements apply. Before treating a patient with DMSO, the physician must inform the patient in writing if DMSO has not been approved as a treatment or cure by the FDA for the disorder for which it is being prescribed. If DMSO is being prescribed for any purpose other than those that have been approved under the statutes governing new drug and device applications, the physician must first obtain a signed and dated written informed consent form from the patient.

3.8. Hysterectomies: Physicians must obtain verbal and written informed consent before performing a hysterectomy on any patient unless the hysterectomy is performed in a life-threatening emergency (in which case, the physician must hand write and sign a statement certifying the nature of the emergency). The consent must contain the following:

3.8.1 That the woman is free to withhold or withdraw consent at any time before the hysterectomy without affecting the right to future care or treatment and without loss or withdrawal of any state or federally funded program benefits to which the individual might be otherwise entitled.

3.8.2 A description of the type or types of surgery and other procedures involved in the proposed hysterectomy, and a description of any known available and appropriate alternatives to the hysterectomy.

- 3.8.3 Unless the patient has been sterile previously or is post-menopausal, advice that the hysterectomy procedure is considered to be irreversible, and that infertility will result.
 - 3.8.4 A description of the discomforts and risks that may accompany or follow the procedure, including an explanation of the type and possible effects of any anesthetic to be used.
 - 3.8.5 A description of the benefits or advantages that may be expected as a result of the hysterectomy.
 - 3.8.6 The woman's signed written statement prior to the performance of the hysterectomy indicating that she has read and understood the written information provided above, and that this information has been discussed with her by her physician or the physician's designee. Unless the patient has been sterile previously or is post-menopausal, this statement must specifically indicate that the woman has been advised that the hysterectomy will render her permanently sterile and incapable of having children.
- 3.9 Prostate Cancer: Health & Safety Code 109282 requires every physician who screens for or treats prostate cancer to post a sign with prescribed wording. The sign must be posted near to where prostate cancer screening or treatment is performed or at the patient registration area. The sign must be at least 8 1/2" X 11" and conspicuously displayed so as to be readable. Moreover, the words "Be Informed" must be at least 1/2" in height and centered on a single line with no other text. Finally, the message must appear in English, Spanish and Chinese. DHS recommends the use of forms and summaries produced by the National Cancer Institute. These may be obtained by calling them at (800) 4CANCER.
- 3.10 Silicone Implants/Collagen Injections: The Cosmetic Implant Act of 1992 (Business and Professions Code 2259 and 2259.5) requires physicians to supply silicone implant patients a standardized written summary describing the risks and possible side effects of silicone implants used in cosmetic, plastic, reconstructive, or similar surgery before the physician performs the surgery. In addition, collagen injection patients must receive similar materials regarding collagen injection. The physician must also note in the patient's chart that the patient was given the standardized written summary or other written information required under these laws. DHS recommends that until DHS summaries are available, physicians should distribute the material prepared by manufacturers since such materials are FDA approved.
- 3.11 Research: A physician is required to inform a patient of the physician's research or other economic interest, and must obtain an informed consent.
- 3.12 Sterilization: For private pay - an adult or a minor with legal capacity to consent to medical treatment can consent to sterilization. For Medi-Cal, a patient must be at least 21 in order to consent to sterilization. A person must also be able to understand the content and nature of the informed consent process prescribed by application regulations and is able to give voluntary consent to the sterilization.

- 3.12.1 A competent person may not give informed consent to be sterilized if the person is – in labor or within 24 hours after birth or after an abortion, seeking to obtain or obtaining an abortion, or under the influence of alcohol (ETOH) or other substances that affect the individual’s state of awareness. An incompetent person can be sterilized pursuant to a court order under certain circumstances.
- 3.12.2 Sterilization informed consents must be obtained as follows:
 - 3.12.2.1 The person who obtains the sterilization consent provides the individual with a special consent form and a patient pamphlet on sterilization, both published by the DHS in Spanish and English. The sterilization pamphlets are “Understanding Sterilization” and “Understanding Vasectomy.” The consent forms are “Medi-Cal/Federally Funded Patients Consent Form” PM 330, and “Consent Form (Non-Federally Funded)” PM 284. These forms and pamphlets may be requested from DHS at 1037 N. Market Blvd., Suite 9, Sacramento, CA 95834.
 - 3.12.2.2 The person who obtains the consent must offer to answer any questions the individual to be sterilized may have concerning the procedure.

3.13 The person obtaining the consent must orally provide all of the following information:

- 3.13.1 Advice that the individual is free to withhold or withdraw consent to the procedure at any time before the sterilization without affecting the right to future care or treatment and without loss or withdrawal of any federally funded program benefits to which the individual might be otherwise entitled.
 - 3.13.1.2 A full description of available alternative methods of family planning and birth control.
 - 3.13.1.3. Advice that the sterilization procedure is considered to be irreversible.
 - 3.13.1.4 A thorough explanation of the specific sterilization procedure to be performed.
 - 3.13.1.5. A full description of the discomforts and risks that may accompany or follow the performing of the procedure, including an explanation of the type and possible effects of any anesthetic to be used.
 - 3.13.1.6 A full description of the benefits and advantages that may be expected as a result of the sterilization.
 - 3.13.1.7 A full description of the benefits and advantages that may be expected as a result of the sterilization.
 - 3.13.1.8 Approximate length of hospital stay and time for recovery.

- 3.13.1.9 Financial cost to patient
 - 3.13.1.10 Information that the procedure is established or new.
 - 3.13.1.11 Advice that the sterilization will not be performed for at least 30 days, except under certain circumstances.
 - 3.13.1.12 The name of the physician performing the procedure.
- 3.13.2 Steps are taken to ensure that the patient understands the above information (i.e. determine that information was effectively communicated to a blind, deaf, or otherwise disabled patient, an interpreter is provided to the patient so that information is communicated in patient's language). Patient must be permitted to have a witness of the patient's choice present when the patient gives consent.
- 3.13.3 Consent form must be signed by the patient, interpreter, if any, person who obtained the consent, and physician who will perform the procedure. In signing the consent form, the person obtaining the consent must certify that he/she advised the patient before the patient signed the consent form that no federal benefits may be withdrawn because of a decision not to be sterilized, orally explained the requirements for informed consent as set forth on the consent form and above, and determined to the best of his/her knowledge and belief that the patient appears to understand the content and nature of the informed consent process and knowingly and voluntarily consented to be sterilized. The interpreter must certify that he/she transmitted information and advice presented orally to the patient, read the consent form and explained its contents to the patient, and determined to the best of his/her knowledge and belief that the patient understood what the interpreter told him/her. The physician performing the sterilization must certify by signing the form that shortly before the performance of the sterilization the physician advised the patient that federal benefits shall not be withheld or withdrawn because of a decision not to be sterilized, the physician explained orally the requirements for informed consent, to the best of the physician's knowledge and belief, the patient appeared knowingly and voluntarily to consent to be sterilized, the appropriate time has passed between the date of the patient's signature on the form and the date on which the sterilization was performed.
- 3.13.4 A copy of the signed consent form must be provided to the patient and retained by the physician and the hospital in the patient's medical record.
- 3.13.5 Unless an emergency abdominal surgery or premature delivery occurs, or the patient voluntarily requests in writing (Medi-Cal patients cannot request this) that the procedure be performed in less than 30 days, 30 days (but not more than 180 days) must pass after the sterilization consent form has been signed by the patient

and other appropriate parties before the sterilization procedure can be performed. However, in no case can sterilization be performed in less than 72 hours following the signing of a consent form. The physician must certify shortly before the procedure is performed that one of the above conditions has been met. On addition, the physician must describe the emergency (for emergency abdominal surgery) or state the expected date of delivery (for a premature delivery) on the consent form.

3.13.6 The above requirements apply only to elective sterilizations.

3.14 Immunizations: The federal National Childhood Vaccine Injury Act (42 U.S.C. 300aa-1 et seq.) requires that each health care practitioner who administers one of several types of vaccines to any person must provide to that person (or if a minor, to the parent or legal guardian) certain specified vaccine information materials regarding the benefits and risks of the vaccine prior to its administration every time a vaccine is administered. Vaccines for which this information must be supplied are diphtheria, tetanus, pertussis, polio, measles, mumps, and rubella. The information that must be given by health care practitioners to the legal representative of any child or to any other individual receiving one or more of the specified vaccines includes:

3.14.1 A concise description of the benefits of the vaccine;

3.14.2 A concise description of the risks associated with the vaccine;

3.14.3 A statement of the availability of the National Vaccine Injury Compensation Program, and

3.14.4 A copy of the CDC Vaccine Information Statement for the administered vaccine (VIS)

3.14.5 The CDC VIS forms may be obtained in 14 languages from the vaccine information materials order line of the DHS at (800) 745-8477.

4. Implied Consent: There are 3 exceptions to informed consent – emergency situations, patient requests not to be informed, and therapeutic privilege. Implied consents may be used in the following situations:

4.1 *Emergency situations*: (defined as requiring immediate services for alleviation of severe pain, or immediate diagnosis and treatment of unforeseeable medical conditions, which, if not, immediately diagnosed and treated would lead to serious disability or death). If the patient is mentally incapacitated and there is no legally authorized representative who can consent on behalf of the patient, a patient will be presumed to have consented to necessary medical treatment. Treatment should not exceed that necessary to address the emergency. The reasons why the exception was invoked should be documented in the medical record.

4.2 *Patient requests not to be informed*: If the patient or patient's representative asked that he/she not be informed of the risks.

4.3 *Therapeutic privilege/physician discretion*: In rare situations where a physician can prove that under the circumstances it was reasonable to

believe that “the disclosure would so seriously upset the patient that the patient would not have been able to dispassionately weigh the risks of refusing to undergo the recommended treatment,” the physician may withhold the information.

5. Informed Refusal: Applies to any recommended test, procedure, or medical recommendation, which has been refused. The physician must inform the patient who refuses to undergo the recommended procedure of the potential consequences. This informed refusal would be documented in the patient’s medical record.
6. Consent of Minors: A written parental consent is required in order to treat a minor (under age 18) with the following exceptions:
 - 6.1 Minors with divorced parents – either parent may consent to treatment if parents have joint custody
 - 6.2 Adopted minors – adoptive parents may consent to treatment
 - 6.3 Children of minor parent – the minor parent may consent to treatment
 - 6.4 Minor pupil – when the child is ill or has been injured during school hours and parents cannot be reached, the child may be treated without parental consent
 - 6.5 Minor in custody – may be treated when ordered by the court
 - 6.6 Minor patients with legal capacity to consent to medical treatment
 - 6.7 Self sufficient minor - defined as a minor 15 years of age or older living separate and apart from his/her parents or legal guardian and manages his/her own financial affairs, regardless of the source of income, is capable of giving valid consent. This minor will affirm the above conditions in writing.
 - 6.8 Emancipated minor per court order - If the court order is obtained, the DMV issues an ID card, which states that the minor is emancipated. A copy of this card will be placed in the patient’s medical record.
 - 6.9 Minors on active duty in the US Armed Forces
 - 6.10 Minors receiving pregnancy care (treatment or prevention)
 - 6.11 Minors 12 years and older suffering from a reportable disease relating to the diagnosis or treatment of that disease
 - 6.12 Married minor with marital proof (marriage certificate)
- 7.0 Telemedicine Consent: Defined as the practice of health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, or data communications. Before delivering any health care by telemedicine, a health care practitioner who has the ultimate authority over the care or primary diagnosis of a patient must obtain the patient’s verbal and written informed consent.
 - 7.1 The informed consent procedure must ensure that at least all of the following information is given to the patient verbally and in writing:
 - 7.1.1 The patient has the option to withhold or withdraw consent at any time without affecting his or her right to future health care or

treatment, and without risking a loss or withdrawal of any program benefits to which the patient would otherwise be entitled;

- 7.1.2 A description of the potential risks, consequences, and benefits of telemedicine;
- 7.1.3 All existing confidentiality protections apply;
- 7.1.4 The patient is guaranteed access to all medical information transmitted during a telemedicine consultation, and copies of this information are available for a reasonable free; and
- 7.1.5 Dissemination of any patient-identifiable images or information from the telemedicine interaction to researchers or others will not occur without the patient's consent.

7.2 The patient must sign a written statement before the delivery of health care by telemedicine, indicating that the patient understands the written information provided above and that this information has been discussed with the health care practitioner, or someone designated by him or her. This law does not apply when the patient is not directly involved in the telemedicine interaction (i.e. when 1 health care practitioner consults with another health care practitioner). However, all existing confidentiality protections for patient medical information continue to apply. The law does not apply in an emergency situation in which the patient is unable to give informed consent and the patient's representative is not available. The law also does not apply to a patient who is under the jurisdiction of the Department of Corrections.

8.0 Consent Distribution: A copy of the consent must be given to the patient and a copy must be retained in the patient's medical record. Copies of court orders, etc. relating to the consent will also become part of the patient's medical record.

Responsibility/Department Linkages

Practitioners and medical office staff are responsible. / Quality Assessment Department

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|-----------------------------|--------------------------------------|
| POLICY NUMBER | OS-G111 |
| POLICY TITLE | Right to Interpreter Services |
| INITIAL EFFECTIVE DATE | 10/04 |
| REVISION EFFECTIVE DATE (S) | |
| DEPARTMENT | Quality Assessment |
| ORGANIZATION (S) | CCHP, CCHCA |
| LINES OF BUSINESS | |

Policy

The physician office takes into consideration the cultural needs and preferences of its populations.

Procedure

- A. When an appointment is made at the office or during the first visit to the provider, the provider site shall document:
 - 1. The preferred language of the member.
 - 2. The member's request for language and/or interpretation services in the medical record as necessary.
 - 3. The provider must also document the member's refusal to accept the services of a qualified interpreter and their request to use family members as interpreters as necessary.
- 2. If language translation is not available at the provider site, the office shall contact Member Services to assist in obtaining qualified service providers.

Responsibility/Department Linkages

Quality Assessment Department