

Informed consent is an educational process where a health provider must tell a patient all of the potential benefits, risks, and alternative treatments; and assess the patient's understanding. It is an educational process by which a patient is provided sufficient information to make an informed, reasoned decision regarding treatment. The definition and legal regulations of informed consent varies state to state. As a general rule, there should be open dialogue so the patient can ask questions. The treating dentist is the best person to discuss the proposed treatment plan and answer any questions. Further, the dentist should assess the patient's understanding of the procedure by having the patient recap the procedure. Additionally, consent should be given without coercion or fraud, based upon the patient understanding of what will take place. It is prudent to follow the same outline for informed consent in your practice so as to not miss a step.

## **Process of Informed Consent:**

1. Initial diagnosis by provider
2. Recommended treatment plan
3. Alternative treatment plan options
  - Option of referring the patient to a specialist
4. Potential risks of all treatment plans
5. Potential risks of not treating
6. Opportunity for patient to ask questions
7. Documentation of #1 - #6 in patient chart

Documentation is key to the informed consent process. Written consent should include the dentist's name, procedure, alternate treatments, potential risks of not treating, questions posed by the patient, time, date and witness to signature to consent. A copy should be placed in the patient's file along with a chart entry that informed consent process took place.

## **Consent from Incompetent Individuals and Minors**

Situations that involve minors and mentally disabled individuals or children require extra steps to obtain informed consent. Questions must first be answered regarding who is able to give consent for those individuals.

A mentally disabled person may have an appointed guardian authorized to make medical decisions or authorize informed consent for that individual. In most situations, parents can give informed consent for treatment for their minor children. State definitions vary regarding who is considered a minor.

## **Non-English Speaking Patients**

Since the informed consent process includes clear communication of the treatment plan, it is imperative that non-English speaking patients have a full understanding as well. Some patients may come with an interpreter to their appointment; if one is not available you should provide one prior to rendering any treatment requiring informed consent. In addition, consideration should be given for non-English speaking patients that may not be able to read in their native language as well. Consider

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using alternative communications methods for these patients, such as visual diagrams and aids that can then be included in the informed consent document.

## **Informed Refusal**

Patients may tell the practitioner that they do not want or need to discuss the proposed treatment plan stating that they trust the practitioner to perform the procedure. It is important to continue forward with informed consent in these situations to avoid any future cause for legal action. If the patient goes further with not wanting to discuss consent, it is important to then document informed refusal.

Any patient can refuse treatment for whatever reason. Your responsibility as the practitioner is to inform and explain the risks of refusing treatment. Document in the patient chart and have the patient sign an informed refusal form. Depending on the refusal, or number of times refused, this can be a basis for patient termination if continued recalcitrance could be considered negligence. At recall appointments, do not assume future refusal and revisit the patient refusal diplomatically.