



# HIGHLAND PARK FIRE DEPARTMENT POLICY MANUAL POLICY #36



## USE OF PATIENT SIGNATURE FORM (HPF-56)

EFFECTIVE

16/JANUARY/2008

REVISED

30/OCTOBER/2020

### 1.0 Purpose

- 1.1 The purpose of this Policy is to document the use of the Highland Park Fire Department Patient Signature Form (Highland Park Fire Department Form Number HPF-56).

### 2.0 Responsibility

- 2.1 It is the responsibility of all personnel to know and understand all aspects of this Policy and the proper use of the form. A copy of Form HPF-56 is attached for reference.

### 3.0 Policy

- 3.1 Because there are different circumstances by which patient signatures are required to be obtained, the Highland Park Fire Department has combined patient signature requirements into one form, called the "Highland Park Fire Department Patient Signature Form." This form provides locations for documentation of the following:
- 3.1.1 Incident, patient, and receiving facility information
  - 3.1.2 Refusal of treatment and/or transportation
  - 3.1.3 Authorization of payment to the Highland Park Fire Department by Medicare/Medicaid and/or the patient's insurance provider
  - 3.1.4 Acknowledgement of receipt of the Highland Park Fire Department's HIPAA Notice of Privacy Practices (NPP)
  - 3.1.5 A listing of authorized representatives to sign for patient
  - 3.1.6 Patient signature or authorized representative and witness signatures
  - 3.1.7 Refusal of signature by either patient or authorized representative
  - 3.1.8 Signature of representative from receiving facility
- 3.2 To assure that required documentation is not overlooked, this form is to be completed for every patient. This includes patients that refuse treatment and/or transportation.
- 3.2.1 Sections of the Form. The following are the sections of the Highland Park Fire Department Patient Signature Form, along with procedures for completion. Entry of initials in any section of the form shall be made by the person signing the form in Section 6.
    - 3.2.1.1 Incident Information. This top section on the form is to be completed by the EMT/Paramedic.
      - 3.2.1.1.1 The date of incident, Incident Number, and Patient Name fields are to be completed.



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- 3.2.1.1.2 If the patient is transported, then the Transport Date and Time fields are to be completed, using the date and time of arrival at the hospital as the transport time. The name of the receiving facility is also to be completed.
- 3.2.1.2 Section 2 - Refusal of Treatment/Transport – Release of Liability. The blanks of this section may be completed by the EMT/Paramedic. The patient or patient’s representative is to initial in the space to the left of each applicable line. The bolded line is to be initialed when any of the other lines above it are initialed.
- 3.2.1.2.1 The first line is to be completed if all care and transportation is refused.
- 3.2.1.2.2 The second line is to be completed if the patient refuses all care, but agrees to transportation to the hospital. If the patient refuses ALS care but agrees to BLS care with transport, then this line can be completed with the words “Advanced or” deleted. Consultation with Medical Control should be made in such circumstances.
- 3.2.1.2.3 The third line is to be completed for a patient who receives care from the Highland Park Fire Department, but then refuses continued care and transportation to a hospital. Consultation with Medical Control should be made in such circumstances.
- 3.2.1.2.4 The fourth line is to be completed when the patient wishes to be transported to another hospital besides for the one recommended. The names of both hospitals should be entered in the appropriate blanks. This will be allowed only if approved by Medical Control, and pursuant to Highland Park Fire Department Policy #16, which limits the non-local hospitals to which the Department may transport.
- 3.2.1.2.5 The fifth line is to be completed if, pursuant to Highland Park Fire Department Policy #16 or otherwise, the Highland Park Fire Department cannot transport to the desired hospital and another transport agency is utilized.
- 3.2.1.2.6 EMT/Paramedics are to inform patients/representatives of the risks of their decisions to not follow recommended treatment/transport procedures. To document such information was provided, the sixth line is to be completed whenever any of the previous five lines are completed.
- 3.2.1.2.7 The Physician Only line is to be initialed when a physician on-scene is agreeing to take charge of patient care and to accompany the patient during transport. When a physician initials this line, that physician shall also sign in Section 6. In that case, an additional Patient Signature Form for the same patient will need to be used for the patient’s/representative’s initials and signature.
- 3.2.1.3 Section 3 – Payment Authorization. This section, which authorizes Medicare/Medicaid and/or the patient’s insurance company to pay the Highland Park Fire Department, shall be completed for all patients who are transported.
- 3.2.1.4 Section 4 – Acknowledgement of Receipt of HIPAA Notice of Privacy Practices. The EMT/Paramedic is to provide every patient (including those refusing treatment and transportation) with a copy of the Department’s NPP pamphlet. This is also available in a Spanish version (HPFD Form HIPAA-NPP-4-03 Handout). Following such provision to the patient, this section is to be completed
- 3.2.1.4.1 If a NPP pamphlet was not given to the patient or representative, but was given to someone else for forwarding to the patient or representative (such as to a police officer



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to give to the family at a Dead on Arrival situation), then the third check box is to be checked and the name of the individual who received the NPP is to be entered.

3.2.1.5 Section 5 – Designation of Authorized Representative. Only certain individuals are allowed to sign on behalf of the patient. Section 5 designates who these individuals are. If such an individual signs in Section 6, then Section 5 should be completed to designate the signer's relationship to the patient. Further clarification can be added after the representative's signature in Section 6.

3.2.1.5.1 Authorized Representatives include:

3.2.1.5.1.1 Patient's legal guardian

3.2.1.5.1.2 Relative or other person who receives Social Security or other

Governmental benefits on the patient's behalf.

3.2.1.5.1.3 A relative or person who arranges for the patient's treatment or otherwise exercises responsibility for his or her affairs

3.2.1.5.1.4 A representative of an agency or institution that did not furnish the services for which payment is claimed, but who furnished other care, services or assistance to the patient (nursing home, etc.)

3.2.1.6 Section 6 – Signatures. This section is where the patient or the patient's representative is to sign. Especially for refusals of care/transport and refusals of signature, witness signatures are vital (if possible, a police officer witness is desirable).

3.2.1.7 Section 7 – If there is No Patient or Representative, or the Patient/Representative refuses to Sign.

3.2.1.7.1 If the patient is mentally or physically unable to sign, and there is no legal representative (as listed in Section 5) available or willing to sign, then the first check box must be marked. It is MANDATORY that the EMT/Paramedic enter a specific reason such signature cannot be obtained, e.g., "patient unconscious and no rep present," "patient mentally incompetent and no rep present," "patient is a minor and no rep present," etc.

3.2.1.7.1.1 At times when the patient or representatives are incapable to signing, a representative from the receiving hospital needs to document the reason and sign as the "Authorized Representative"

3.2.1.7.2 If the patient, or the patient's representative refuses to sign, the second check box must be marked and a reason entered by the EMT/Paramedic. If the patient or representative won't give a reason for refusal, then such should be noted. Under these circumstances, the EMT/Paramedic is authorized to sign as the "Authorized Representative".

3.2.1.7.3 Whenever any of the check boxes are used, the "Authorized Representative" is to sign, print his/her name, and enter their credentials/title in the appropriate spaces.



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3.2.1.8 **The signature of a hospital representative MUST be obtained on the last line of the Form for all patients transported.**

3.3 A copy of this form must be included for every patient contact. It can be attached digitally and signed on the ESO PCR or submitted on a hard copy and scanned into the ESO PCR.

#### 4.0 Reference

- 4.1 Highland Park Fire Department
- 4.2 HPF-56 Patient Signature Form
- 4.3 HPFD Form HIPAA-NPP-4-03 Handout
- 4.4 HPFD Form HIPAA-NPP-4-03 Handout - SPANISH

A handwritten signature in black ink, appearing to read "Jerry C. Smith".

Approved: \_\_\_\_\_ Fire Chief