

Professional Standard: Informed Consent



College of
**COMPLEMENTARY HEALTH
PROFESSIONALS OF BC**



Principle	Outcome Statement
As a licensee, you must meet the following Principle within the Professional Standard: Consent to Treatment.	People receiving health care services from a CCHPBC licensee expect that their health care practitioner will:
Principle 1: CCHPBC licensees must obtain informed consent for assessment and treatment prior to providing care.	Inform and support them or their substitute decision makers fully to make decisions about their care through a respectful and transparent consent process that upholds their rights and autonomy

Definitions
capacity: the ability to understand the nature and anticipated effect of proposed treatment and alternatives, and to appreciate the consequences of refusing treatment.
express consent: consent which is given by a person, verbally or in writing. It is clear, intentional, and leaves no room for inferences. Examples include signing a consent form and verbal agreement.
informed consent: the process of obtaining a voluntary agreement from a person with capacity.
substitute decision maker: a person authorized to make health care decisions on behalf of a person who lacks capacity.
treatment: the therapeutic management and care of a person for a health-related purpose.



Principle 1: CCHPBC licensees must obtain informed consent for assessment and treatment prior to providing care.

To meet this standard, CCHPBC licensees must:

- 1.1 Comply with all requirements in the *Health Care (Consent) and Care Facility (Admission) Act* and the *Infant Act* by obtaining informed consent before providing care. Obtaining informed consent includes ensuring that:
 - 1.1.1 Consent relates to the proposed assessment and/or treatment, is given voluntarily and not obtained by fraud or misrepresentation.
 - 1.1.2 Information about the nature of the proposed treatment, its expected benefits, risks and side effects, alternative treatment options, and the possible consequences of not receiving treatment, is provided.
 - 1.1.3 All reasonable steps are taken to ensure the patient understands the information provided, and any language, communication, or cultural needs are addressed.
 - 1.1.4 Adequate time is provided for the patient to ask questions about the proposed treatment.
 - 1.1.5 Determine the capacity of a patient 19 years of age or older to give consent in accordance with the *Health Care (Consent) and Care Facility (Admission) Act*, and if necessary, verify the person authorized as substitute decision maker.
 - 1.1.6 Determine the capacity of a patient under 19 years of age, to give consent as a mature minor in accordance with the *Infant Act*, and if necessary, identify the patient's legal guardian(s) to obtain consent.
- 1.2 Inform patients of and respect patients' right to withdraw or modify their consent to assessment and/or treatment at any time.
- 1.3 Obtain express consent in situations where the assessment or treatment will:
 - 1.3.1 Require the patient to disrobe,



- 1.3.2 Involve treatment in potentially sexualized areas of the body, or
- 1.3.3 Carry appreciable risk.
- 1.4 Only touch patients in a therapeutic manner after obtaining the patient's consent.
- 1.5 When disrobing is required:
 - 1.5.1 Explain options for draping and clothing for assessment and treatment, considering each patient's need, preferences and concerns.
 - 1.5.2 Uphold the patient's right to retain some or all clothing during assessment or treatment, and adjust care accordingly.
 - 1.5.3 Uphold the patient's need for privacy, including undressing/dressing and draping.
 - 1.5.4 For exams or treatments where disrobing is required, ensure patient understands the extent of the required disrobing and their right to withdraw consent at any time.
- 1.6 Respond to any verbal or non-verbal indication that the patient wishes to ask questions, or to modify, or end treatment.
- 1.7 Ensure that, before the initial treatment of a patient, the patient signs (or provides an electronic indication of consent to) a consent form, and does so only after having an opportunity to ask questions.
- 1.8 Renew consent, if appropriate, when changes to the proposed treatment plan occur.
- 1.9 Document the attainment of consent in the patient health care records, including details concerning:
 - 1.9.1 Receipt, refusal, withdrawal, or modification of consent;
 - 1.9.2 The date and substance of the consent discussion;
 - 1.9.3 Any concerns raised during the consent process, and actions taken to address concerns (e.g. alternative communication methods, interpretation services); and



- 1.9.4 If applicable, reasons for determining that a patient was not capable of making an informed decision, and action taken to verify the person authorized as a legal guardian or substitute decision-maker.

not in force until April 1, 2026