

ETHICS COMMITTEE CONSULTATION

1. Attached is the letter for an Ethics Committee Consultation if you are the Patient.
2. Complete your phone number in the body of the letter.
3. Complete the Signature block at the bottom of the letter (your signature, printed name, address, phone number, email) only when you are before the Notary.
4. Make at least 6 copies. Save a copy for yourself.
5. Send original *Certified Mail, Return Receipt Requested* via United States Post Office *Priority Mail* to the Ethics Committee Chair, c/o Chief Executive Officer. Address this letter to the hospital's physical address.
6. Deliver via Courier Service to the Chief Executive Officer at the hospital's physical address a copy of this letter.
7. Provide a copy to your nurse and a copy to the Unit Secretary and request that they forward this letter to the Medical Executive Committee.

What are the appropriate grounds to request an Ethics Committee Meeting?

The Ethics Committee is made of up physicians who are part of the Medical Staff of the hospital.

Because Informed Consent is based upon adequate communications from your physician, communication issues with your physician hindering Informed Consent are grounds to request an Ethics Committee Consultation from the Medical Staff.

Remember: since only a physician can direct your treatment plan and resolve communications issues for Informed Consent, it is not helpful to speak with a hospital employee, such as a Patient Advocate, Nurse Manager/Director, Risk Manager, or even the hospital CEO and may, in fact, waste valuable time and result in a delay in resolving your concerns.

Certified Mail
Return Receipt Requested
Time Sensitive Communication

To: Ethics Committee Chair, c/o Chief Executive Officer
RE: Ethics Committee Consultation Request
CC: Chief Nursing Officer, Chief Quality Officer, Chief Medical Officer, Chief of Staff

I am formally requesting an **Ethics Committee Review**, as per CMS deemed status accreditation requirements for your hospital, due to the communication issues with my physician.

As you are aware, according to the **American Medical Association's Code of Medical Ethics Opinion 2.1.1. "Informed consent to medical treatment is fundamental in both ethics and law."**

Please contact me when the meeting will be held as I require informed consent for my treatment plan and the opportunity to participate in shared decision making.
I may be reached directly at this phone number: _____.

I expect an Ethics Committee meeting within 24 hours from receipt of this letter, which is a reasonable time to gather a committee quorum pertaining to the time-sensitive nature of this request.

Sincerely,

Signature: _____

Printed Name: _____ Date of Birth: _____

Address: _____

Email: _____

Phone Number: _____

NOTARIZED ACKNOWLEDGEMENT

State of: _____

County of: _____

PERSONALLY came and appeared before me, the undersigned Notary, within the named _____, who is a resident of _____ County, State of _____.