

ETHICS CONSULT IF IT IS THE PATIENT WHO REQUESTS

1. This is the letter for an Ethics Committee Consultation if you are the Patient.
2. Complete the applicable boxes.
3. Make at least 4 copies. Save a copy for yourself.
4. Certify Mail to the Ethics Committee Chair, c/o Chief Executive Officer the original
5. Hand deliver via courier service a copy to the Ethics Committee Chair, c/o Chief Executive Officer
6. Hand deliver a copy to the Unit Secretary, if possible.

Certified Mail
Return Receipt Requested
Time Sensitive Communication

To: **Ethics Committee Chair, c/o Chief Executive Officer**
(Hospital name)

cc: CNO, Chief Quality Officer, Chief Medical Staff Officer

From: (Name of Patient), _____ (Date of Birth) _____

RE: **Ethics Committee Consult Request**

Date: (Today's Date) _____

Hand Delivery per Courier Service & Mail: (Address)

I am formally requesting an **Ethics Committee Review** due to the communication issues with my (Patient Name, DOB) _____ Physician Providers as per CMS deemed status accreditation requirements for your hospital.

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.

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."**

I may be reached directly at **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,

YOUR NAME _____

YOUR ADDRESS _____

YOUR PHONE NUMBER _____