

Chapter Chir 13

INFORMED CONSENT

Chir 13.01 Authority and purpose.
Chir 13.02 Informed consent.

Chir 13.03 Exceptions to communication of alternate modes of treatment.
Chir 13.04 Recordkeeping.

Chir 13.01 Authority and purpose. (1) AUTHORITY. The rules in this chapter are adopted pursuant to the authority delegated by ss. 15.08 (5) (b), 227.11 (2) (a), and 446.08, Stats.

(2) PURPOSE. The purpose of the rules is to define the obligation of a chiropractor to communicate alternate modes of treatment to a patient.

History: CR 14–069; cr. Register July 2015 No. 715, eff. 8–1–15.

Chir 13.02 Informed consent. Any chiropractor who treats a patient shall inform the patient about the availability of reasonable alternate modes of treatment and about the benefits and risks of these treatments. The reasonable chiropractor standard is the standard for informing a patient. The reasonable chiropractor standard requires disclosure only of information that a reasonable chiropractor would know and disclose under the circumstances.

History: CR 14–069; cr. Register July 2015 No. 715, eff. 8–1–15.

Chir 13.03 Exceptions to communication of alternate modes of treatment. The chiropractor’s duty to inform patients of alternate modes of treatment does not require disclo-

sure of any of the following:

(1) Detailed technical information that in all probability a patient would not understand.

(2) Risks apparent or known to the patient.

(3) Extremely remote possibilities that might falsely or detrimentally alarm the patient.

(4) Information in emergencies where failure to provide treatment would be more harmful to the patient than treatment.

(5) Information in cases where the patient is incapable of consenting.

(6) Information about alternate modes of treatment for any condition the chiropractor has not included in their diagnosis at the time the chiropractor informs the patient.

History: CR 14–069; cr. Register July 2015 No. 715, eff. 8–1–15.

Chir 13.04 Recordkeeping. A chiropractor’s patient record shall include documentation that he or she has communicated alternate modes of treatment to their patient and has obtained informed consent from their patient in keeping with s. Chir 11.02 (5).

History: CR 14–069; cr. Register July 2015 No. 715, eff. 8–1–15.