

MEMO

To: Medical Staff of Broward Health

From: Andrew Ta, MD, EVP/Chief Medical Officer

Date: June 30, 2020

Re: Consent for Pelvic and Rectal Examinations

Florida Governor Ron DeSantis recently signed into law Senate Bill No. 698 (ch. 2020-31, Laws of Florida, as codified in section 456.51, Florida Statutes) requiring all health care practitioners and students to get consent from a patient prior to conducting a pelvic or rectal examination except in certain emergency circumstances. Please note, **this law goes into effect tonight, July 1, 2020 at 12:00 a.m.** As such, Broward Health is immediately implementing the requirement of getting the attached Pelvic and Rectal Examination Consent form signed by patients before any pelvic and rectal examinations are performed by health care practitioners.

Only one signed Pelvic Examination Consent form per encounter is needed for each patient who will receive a pelvic or rectal examination. **However, it is important to note that a “pelvic examination” is broadly defined under Florida law.** The statute defines a “pelvic examination” as a series of tasks that **comprise an examination of the vagina, cervix, uterus, fallopian tubes, ovaries, rectum, or external pelvic tissue or organs using any combination of modalities, which may include, but need not be limited to, gloved hands or other instrumentation.** A broad reading of the statute indicates that the requirement of obtaining this consent equally applies to both genders.

As such, starting at midnight, and moving forward, we ask that you confirm that all patients (whether male or female) who will receive a pelvic or rectal examination, before receiving the pelvic examination, either:

1. Already have a signed Pelvic Examination Consent form (attached) in their medical record for that particular admission; or
2. Receive a new Pelvic Examination Consent form for signature to be placed in their medical record.

Thank you in advance for your assistance while we try to navigate and implement this new legislation.

CONSENT FOR PELVIC AND RECTAL EXAMINATION

1. I understand that a "pelvic examination" means the series of tasks that comprise an examination of the vagina, cervix, uterus, fallopian tubes, ovaries, rectum, or external pelvic tissue or organs using any combination of modalities, which may include, but need not be limited to, gloved hands or other instrumentation.
2. I hereby authorize and consent to a "pelvic examination(s)" as defined above and under § 456.51, F.S. during my operation and/or procedure.
3. I hereby authorize and consent to members of Broward Health's medical staff, nursing staff, and other health care providers, as well as medical students, and/or other students, residents, or fellows receiving training as health care practitioners to perform such a "pelvic examination" on me.

By signing below, I am certifying that I consent to a pelvic examination and I acknowledge I have been given the opportunity to ask questions. All of my questions have been answered to my satisfaction.

SIGNED: _____ Date: _____ Time: _____ AM/PM
(patient, guardian, or person legally authorized to consent for patient)

Relationship to Patient: _____

Witness: _____

Interpreter (if applicable): _____

Health Practitioner Name: _____

Health Practitioner Signature: _____