Policy
MSU HealthTeam is committed to providing a safe environment for patients and staff. All patients are entitled to have their medical interactions conducted with appropriate privacy and confidentiality protections.

Informed consent will be obtained for all examinations and treatments performed.

Patients are entitled to have a chaperone (informal or formal) present for any consultation, examination, treatment, or procedure where the patient considers it necessary. All providers are entitled to have a formal chaperone present at their discretion. Chaperones may be formal or informal, as identified in the Process. Formal chaperones are required for sensitive exams, treatments or procedures. Whenever possible, clinical staff members should serve as chaperones rather than front office staff or family members. For providers working in locations outside of a formal clinic, such as a home visit or nursing home, the same principles for offering and use of chaperones will apply.

Purpose
All medical interactions have the potential to be uncomfortable or difficult for patients. Sensitive examinations, treatments, or procedures may predispose patients to feelings of vulnerability and emotional discomfort. Patient response to those feelings will vary based on individual beliefs, religion, culture and experience. Attention to privacy offers important benefits to both patients and providers.

Definitions
1. Chaperone: a parent, guardian, other caretaker, or a staff member.
   a. Formal chaperone is a HealthTeam staff person or provider.
   b. Informal chaperone is a parent, guardian, or other caregiver consented to by the patient, as appropriate.
2. Sensitive examinations, treatments, or procedures: those that occur with the patient, whether disrobed, partially disrobed or in street clothing, involving the breasts, genitalia, or rectum. Examples include: breast exams, procedures of the pelvic floor or urogenital diaphragm, vaginal or rectal exams.

Process
1. Always employ appropriate disrobing and draping practices to respect the patient’s privacy.
2. Do not allow medical students or other parties to observe sensitive examinations, treatment, or procedures without the patient’s informed consent.

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3. Use of gloves is required for examinations, treatments, or procedures involving the genital, rectal or direct digital contact with oral mucosal areas.

4. Notification to patients of availability of chaperones will be included in a clinic’s ‘welcome letter’ and posted in examination rooms.

5. A clear explanation of the nature of any examination or treatment must be given to the patient. This explanation must also be provided to an informal chaperone when appropriate (e.g., pediatric patient or impaired patient who may be unable to understand or comprehend the explanation.)

6. Chaperones are required as follows:
   a. For physical examinations of an infant, toddler, or child, the parent, guardian, or approved alternate should always be present. If they are unavailable or the provider has concerns with their ability to appropriately serve as a chaperone, a formal chaperone is required.
   b. For sensitive examinations of children through age 10 years, an informal chaperone may be used with the consent of the parent or guardian. If they are unavailable or the provider has concerns with their ability to appropriately serve as a chaperone, a formal chaperone is required.
   c. Sensitive examinations of patients aged greater than 10 years require a formal chaperone.
   d. In the event that a sensitive exam is to be performed on a minor male patient greater than 10 years of age, and the patient expresses reluctance in having a formal or informal chaperone, and the parent/guardian is in agreement, then a chaperone is not required if the situation is documented in the medical record, and a waiver is signed by the parent/guardian.
   e. Chaperones are not required for mammography or intravaginal ultrasound, if the technician is a female, and if a waiver is signed by the patient.

7. A formal chaperone will be made available to any patient upon the request of the patient. If one is requested and none is available at that time, the patient must be given the opportunity to reschedule their appointment within a reasonable timeframe.

8. If a patient is offered a chaperone for an examination where one is required and does not want one, the provider must document in the record that the offer was made and declined. The provider retains the final decision whether to proceed without a chaperone. If the provider proceeds with the examination, the patient must first sign a waiver.

9. Informed consent will be obtained for examinations or treatments. Informed consent includes an explanation of the exam or treatment, reasonable alternatives, indications and contraindications and patient verbalized understanding of the discussion.
   a. Informed verbal consent that is documented in the medical record is acceptable for most routine examinations and treatments, including sensitive examinations and treatments. Informed consent is implied for consecutive treatments at the same visit in the same anatomical region, e.g. manipulation of spinal vertebrae.
   b. Written informed consent through the Informed Consent form is required for any intra-vaginal or intra-rectal treatments.

10. In the event a provider or clinic medical director believes there exists a compelling reason to waive components of this policy for specific types of patients, approval for that waiver must be requested and granted by the MSU HealthTeam Board, before such a waiver may take effect.

References: AAP: Policy Statement – Use of Chaperones During the Physical Examination of the Pediatric Patient
Federation of State Medical Boards: Addressing Sexual Boundaries: Guidelines.

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