



MEDICO LEGAL

TOOLBOX

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These are the basic, most used templates and memos validated by the Intersectional Legal Department in 2023.

Other less used or more specific templates exist.
Do not hesitate to contact the Intersectional Legal Department.



INTRODUCTION – READ ME FIRST

The Medico-Legal Toolbox (“Toolbox”) has been developed by the Intersectional Legal Department (“ILD”) in collaboration with referents of various specialties working for different MSF Medical Departments. The first version of the Toolbox as we know it today was developed in 2015, and a second one in 2017. The 2023 version is the latest and most complete one and has been validated by the MedOps platform. As such, the documents contained herein are meant to be adopted by all projects across all operational sections.

The Toolbox regroups two types of documents:

- **templates** of medico legal documents (*such as: medical certificates, consent forms, attestations, among others*) necessary when implementing humanitarian healthcare activities; and
- **memoranda** containing legal recommendations on specific medico-legal topics (*for example: how to use medical certificates, what to do in case of requests from authorities, to access patient information, etc.*). These documents were developed based on questions frequently asked by field teams to the ILD or on the ILD’s experience while supporting field teams in managing cases involving medico-legal and protection-related aspects.

Other templates and memoranda for specific topics not covered by the Toolbox might also exist. Do not hesitate to contact the ILD to obtain more information and further support (see contacts below).

The main objective of the Toolbox is to standardize the templates used and the medico-legal practices adopted across all MSF missions. Although all mission contexts are unique and should undoubtedly be taken into consideration when carrying out MSF activities, the Toolbox aims at establishing the minimum standard necessary within MSF to ensure all projects respect and uphold MSF basic responsibilities towards patients (right to privacy and confidentiality, right to consent, “do no harm” and “patient’s best interest” principles). As such, the templates and memoranda contained herein are sufficiently generic to suit most of the contexts where MSF operates and, in principle, do not require modification. **In case you believe this is not the case in the country where you work, please always consult the ILD before modifying any of the templates contained herein or developing new ones.**

This Toolbox is designed to be user-friendly. It is organized in a **table format** where each line is dedicated to one document and the columns contain instructions on how to use that specific document (see example below):

DOCUMENT	WHO SHOULD SIGN	HOW MANY COPIES AND TO WHOM HAND THEM OUT	HOW TO ARCHIVE	HOW TO USE THIS DOCUMENT AND OTHER COMMENTS
<u>Medical certificate for sick leave</u>	Doctor or medical staff	1 original for the patient 2 nd original or a copy in the patient’s medical file	To be kept at field level, in the patient’s medical file	Patients often ask this certificate to justify their absence at work to employers or insurance companies. It indicates the seriousness of the accident without revealing medical details (protection of privacy). Duration of sick leave = duration of hospitalization or immobility. To be used for accidents or when the patient does not want to reveal acts of violence (see other chapters for templates of certificates related to violence).

- **DOCUMENT:** the name of the document is a link to the [ILD SharePoint](#) where you can access and/or download that template or memoranda;
- **WHO SHOULD SIGN:** indicates who should sign and stamp that specific template when used;
- **HOW MANY COPIES AND TO WHOM HAND THEM OUT:** indicating how many copies of that specific template should be issued when used and to whom it should be handed out afterwards;
- **HOW TO ARCHIVE:** contains instructions on how and where to archive that specific template;
- **HOW TO USE THIS DOCUMENT AND OTHER COMMENTS:** contains additional instructions on how to use or interpret that specific template or memoranda.

The Toolbox is divided into 11 chapters covering the following topics:

- **Sick leave, refusal of care, attestation of care;**
- **Violence, ill-treatment and torture;**
- **Sexual violence;**
- **Mental health;**
- **Detention, imprisonment or interrogatory;**
- **Consent;**
- **Medical confidentiality and transfer of patient's information to third parties;**
- **Transport, referral and transfer of patients and caretakers;**
- **Birth and death;**
- **Minors;**
- **Health data protection.**

The Toolbox is available upon request to the ILD and the Cells and its documents can be downloaded from all intranet systems of each operational center as well as from the [ILD SharePoint](#).

If you have any questions or suggestions, please contact the legal advisor of your operational center responsible for medico-legal issues:

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1. SICK LEAVE, REFUSAL OF CARE, ATTESTATION OF CARE

DOCUMENT	WHO SHOULD SIGN	HOW MANY COPIES AND TO WHOM HAND THEM OUT	HOW TO ARCHIVE	HOW TO USE THIS DOCUMENT AND OTHER COMMENTS
<u>Medical certificate for sick leave</u>	Doctor or medical staff	1 original for the patient 2 nd original or a copy in the patient's medical file	To be kept at field level, in the patient's medical file	<p>Patients often ask this certificate to justify their absence at work to employers or insurance companies. It indicates the seriousness of the accident without revealing medical details (protection of privacy). Duration of sick leave = duration of hospitalization or immobility.</p> <p>To be used for accidents or when the patient does not want to reveal acts of violence (see other chapters for templates of certificates related to violence).</p>
<u>Refusal of care / Discharge of patient against medical advice</u>	Doctor and patient (or his/her legal representative). The signature of a witness is optional.	1 original in the patient's medical file	To be kept at field level, in the patient's medical file	When the patient refuses important/vital medical care and/or leaves the medical facility against medical advice
<u>Attestation of care</u>	MSF representative (medical staff or not)	1 original for the patient 2 nd original or a copy in the patient's medical file	To be kept at field level, in the patient's medical file	<p>Warning: the attestation of care is <u>NOT a medical certificate and should NOT replace it.</u></p> <p>The attestation of care is intended to be used when patient wants a proof that s/he is being followed up by MSF. It can be used for administrative purposes by MSF patients.</p> <p>Filling out the medical reason for the care being provided by MSF is not mandatory; but it can be indicated <u>if asked by the patient.</u></p> <p>The attestation of care is covered by medical secrecy (as it contains the patient's name). It is to be handed out directly to the patient and by no means to third parties or authorities without patient's prior consent.</p>



2. VIOLENCE, ILL-TREATMENT AND TORTURE

DOCUMENT	WHO SHOULD SIGN	HOW MANY COPIES AND TO WHOM HAND THEM OUT	HOW TO ARCHIVE	HOW TO USE THIS DOCUMENT AND OTHER COMMENTS
<p><u>Medical certificate adult minor for any type of violence</u></p>	<p>Medical staff who examined the patient or a doctor (if it is not the medical staff who examined the patient)</p>	<p>1 original for the patient</p> <p>2nd original or a copy kept by MSF</p> <p>The MSF copy (+ the original certificate offered to the patient if s/he didn't take it) must be stored: (1) either in the medical file of the patient; or (2) separately if medical files are pseudonymized</p>	<p>1- Field level: Store violence-related medical files and certificates in a dedicated secured place, with restricted access, during the whole period of follow-up of the patient.</p> <p>2- HQ: Violence-related medical files and certificates shall be sent regularly (at least twice a year) to HQ as per the guidelines in place in each OC.</p>	<p>To be used for any and all types of violence except sexual violence (see dedicated chapter below). This template can be used for instance for ill-treatment, torture, intimate partner violence not involving sexual violence.</p> <p>As per the practice today in MSF, all healthcare staff providing care to survivors of violence shall systematically offer and draft a medical certificate for violence for any patient subjected to violence (even if the patient refuses to take it with him/her).</p> <p>The medical certificate must be signed by a doctor (either locally or internationally hired staff) whenever the staff who examined the patient is not willing or is not available to sign the medical certificate (e.g. security concerns, staff has left MSF, is not reachable).</p> <p>Medical certificates are to be handed out directly to the patient and covered by medical secrecy. By no means medical certificates should be handed out to third parties or authorities without patient's prior consent.</p> <p>Never back date a medical certificate: if the medical certificate is made later than the date of the consultation, the date of the medical certificate is different than the date of the medical examination.</p> <p>In sensitive security environments, the medical files can be handed out to the patient upon discharge.</p>

DOCUMENT	WHO SHOULD SIGN	HOW MANY COPIES AND TO WHOM HAND THEM OUT	HOW TO ARCHIVE	HOW TO USE THIS DOCUMENT AND OTHER COMMENTS
<p>Simplified Anatomic Sketches</p> <p>Detailed Anatomic Sketches</p>	<p>Medical staff who examined the patient or a doctor (if it is not the medical staff who examined the patient)</p> <p>Name of patient + date of examination+ signature of medical staff + MSF stamp must appear on EACH page</p>	<p>Same rules as above</p>	<p>Same rules as above</p>	<p>To be used to indicate more clearly the consequences and signs related to the violence and stapled to medical certificate.</p>
<p>Medical certificate additional information</p>	<p>Medical staff who examined the patient or a doctor (if it is not the medical staff who examined the patient)</p>	<p>1 original for the patient</p> <p>2nd original or a copy kept by MSF</p> <p>The MSF copy (+ the original certificate offered to the patient if s/he didn't take it) must be stored: (1) either in the medical file of the patient; or (2) separately if medical files are pseudonymized</p>	<p>1- Field level: Store violence-related medical files and certificates in a dedicated secured place, with restricted access, during the whole period of follow-up of the patient.</p> <p>2- HQ: Violence-related medical files and certificates shall be sent regularly (at least twice a year) to HQ as per the guidelines in place in each OC.</p>	<p>To be used to add further information to a medical certificate previously issued.</p> <p>Must always be stapled to the main medical certificate.</p>

DOCUMENT	WHO SHOULD SIGN	HOW MANY COPIES AND TO WHOM HAND THEM OUT	HOW TO ARCHIVE	HOW TO USE THIS DOCUMENT AND OTHER COMMENTS
<p><u>Memo: Management and care of patients detained, ex-detained, survivors of ill treatment and torture</u></p>	N/A	N/A	N/A	<p>The objective of this memo is to provide guidance on the medico legal documentation to be used when providing care to patients deprived of freedom and/or survivors of ill-treatment and torture. It also provides recommendations on best practices in terms of medical ethics when providing care to this type of patients.</p> <p>As per the practice today in MSF, all healthcare staff providing care to survivors of violence shall systematically offer and draft a medical certificate for violence for any patient subjected to violence (even if the patient refuses to take it with him/her).</p> <p>In case of torture or ill treatment of detainees, it is necessary to inform the ICRC:</p> <ul style="list-style-type: none"> o with the consent of the patient; o if no agreement of the patient <ul style="list-style-type: none"> > inform ICRC without giving the patient's name, on: the place and time of detention, number of detainees.



3. SEXUAL VIOLENCE

DOCUMENT	WHO SHOULD SIGN	HOW MANY COPIES AND TO WHOM HAND THEM OUT	HOW TO ARCHIVE	HOW TO USE THIS DOCUMENT AND OTHER COMMENTS
<p><u>Medical certificate adult minor for sexual violence</u></p>	<p>Medical staff who examined the patient or a doctor (if it is not the medical staff who examined the patient)</p>	<p>1 original for the patient</p> <p>2nd original or a copy kept by MSF</p> <p>The MSF copy (+ the original certificate offered to the patient if s/he didn't take it) must be stored: (1) either in the medical file of the patient; or (2) separately if medical files are pseudonymized</p>	<p>1- Field level: Store violence-related medical files and certificates in a dedicated secured place, with restricted access, during the whole period of follow-up of the patient.</p> <p>2- HQ: Violence-related medical files and certificates shall be sent regularly (at least twice a year) to HQ as per the guidelines in place in each OC.</p>	<p>To be used for cases of sexual violence against an adult or a minor.</p> <p>As per the practice today in MSF, all healthcare staff providing care to survivors of violence shall systematically offer and draft a medical certificate for violence for any patient subjected to violence (even if the patient refuses to take it with him/her).</p> <p>The medical certificate must be signed by a doctor (either locally or internationally hired staff) whenever the staff who examined the patient is not willing or is not available to sign the medical certificate (e.g. security concerns, staff has left MSF, is not reachable)</p> <p>Medical certificates are to be handed out directly to the patient and covered by medical secrecy. By no means medical certificates should be handed out to third parties or authorities without patient's prior consent.</p> <p>Never back date a medical certificate: if the medical certificate is made later than the date of the consultation, the date of the medical certificate is different than the date of the medical examination.</p>

DOCUMENT	WHO SHOULD SIGN	HOW MANY COPIES AND TO WHOM HAND THEM OUT	HOW TO ARCHIVE	HOW TO USE THIS DOCUMENT AND OTHER COMMENTS
<p>Patient File Sexual Violence</p> <p>Explanatory note Sexual Violence indicators</p>	<p>The names of ALL medical staff who interviewed AND examined the patient must be indicated in the medical file</p>	<p>1 copy kept by MSF</p>	<p>1- Field level: Store violence-related medical files and certificates in a dedicated secured place, with restricted access, during the whole period of follow-up of the patient.</p> <p>2- HQ: Violence-related medical files and certificates shall be sent regularly (at least twice a year) to HQ as per the guidelines in place in each OC.</p>	<p>The sexual violence medical file as well as the indicators collected in it have been harmonized across all MSF sections and must be used on all MSF projects. Please note that each OC might have slightly adapted the medical file template (without modifying the main indicators collected). Discuss with your SRH/SV referent/advisor about this. Also, see the intersectional Sexual Violence Knowledge Base and Community of Practice here.</p> <p>An explanatory note containing the definition of the indicators collected as well as the justification for collecting them is attached hereto.</p>

DOCUMENT	WHO SHOULD SIGN	HOW MANY COPIES AND TO WHOM HAND THEM OUT	HOW TO ARCHIVE	HOW TO USE THIS DOCUMENT AND OTHER COMMENTS
<p><u>Patient File SV Summarized version</u></p>	<p>The names of ALL medical staff who interviewed AND examined the patient must be indicated in the medical file</p>	<p>1 copy kept by MSF</p>	<p>1- Field level: Store violence-related medical files and certificates in a dedicated secured place, with restricted access, during the whole period of follow-up of the patient.</p> <p>2- HQ: Violence-related medical files and certificates shall be sent regularly (at least twice a year) to HQ as per the guidelines in place in each OC.</p>	<p>The summarized version of the sexual violence medical file is a short version of the sexual violence medical file attached above (less information collected and easier to be filled out). This version should only be used in exceptional circumstances (such as, high influx of sexual violence patients in which case MSF teams do not have sufficient time to fill out the full sexual violence medical file). Consult the ILD in case of questions about when to use the summarized version of the sexual violence medical file.</p>

DOCUMENT	WHO SHOULD SIGN	HOW MANY COPIES AND TO WHOM HAND THEM OUT	HOW TO ARCHIVE	HOW TO USE THIS DOCUMENT AND OTHER COMMENTS
<p><u>Memo Management and protection of survivors of violence and minors</u></p>	N/A	N/A	N/A	<p>This memo contains 6 key recommendations to MSF field teams providing care to survivors of violence. Each step also contains specific recommendations for minor patients' subject to violence.</p> <p>Specifically, for minors' subject to violence:</p> <ul style="list-style-type: none"> ○ Check who is the person accompanying the minor and whether this person is somehow related to the episode of violence, to evaluate if this person is willing or capable of protecting the minor's best interest. ○ The healthcare provider must consider the best interest of the minor and provide protection when s/he believes the minor risks being assaulted again by the same person, or in case the family or accompanying person are not able or willing to protect the best interest of the minor.
<p><u>Memo All that you always wanted to know about medical certificates</u></p>	N/A	N/A	N/A	<p>This memo in a Q&A format answers the most frequently asked questions and demystifies myths about medical certificates.</p>
<p><u>Memo Management of cases of survivors of sexual violence perpetrated by international armed forces</u></p>	N/A	N/A	N/A	<p>This memo contains specific measures to be put in place by MSF field teams providing care to patients subject to violence perpetrated by national or international armed forces.</p>
<p><u>Memo Virginity Tests</u></p>	N/A	N/A	N/A	<p>This memo explains why and how MSF teams should systematically refuse carrying out virginity tests.</p>



4. MENTAL HEALTH

DOCUMENT	WHO SHOULD SIGN	HOW MANY COPIES AND TO WHOM HAND THEM OUT	HOW TO ARCHIVE	HOW TO USE THIS DOCUMENT AND OTHER COMMENTS
<p>Mental Health Certificate adult minor</p>	<p>Psychologist or Psychiatrist who examined the patient or had a follow-up consultation with him/her</p>	<p>1 original for the patient</p> <p>2nd original or a copy kept by MSF</p> <p>The MSF copy (+ the original certificate offered to the patient if s/he didn't take it) must be stored: (1) either in the medical file of the patient; or (2) separately if medical files are pseudonymized</p>	<p>1- Field level: Store violence-related mental health files and certificates in a dedicated secured place, with restricted access, during the whole period of follow-up of the patient.</p> <p>2- HQ: Mental health files and certificates shall be sent regularly (at least twice a year) to HQ as per the guidelines in place in each OC.</p>	<p>To be used for patients receiving mental health care (adults or minors).</p> <p>Mental health certificates should be systematically offered to any patient who is a survivor of acts of violence or with severe mental health disorders (even if they do not request one). If for some reason offering a mental health certificate systematically in such situations is not possible, please contact the Mental Health referent and medico-legal advisor of your OC.</p> <p>Mental health certificates are to be handed out directly to the patient and covered by medical secrecy. By no means mental health certificates should be handed out to third parties or authorities without patient's prior consent.</p> <p>Never back date a mental health certificate: if the mental health certificate is made later than the date of the consultation, the date of the mental health certificate is different than the date of the consultation.</p> <p>In sensitive security environments, the mental health files can be given to the patient upon discharge.</p>
<p>Memo Mental Health Certificate</p>	<p>N/A</p>	<p>N/A</p>	<p>N/A</p>	<p>This memo explains what the mental health certificate is and how it should be used and filled in.</p> <p>The last section of this memo provides specific recommending for projects dealing with migrants.</p>



5. DETENTION, IMPRISONMENT OR INTERROGATORY

DOCUMENT	WHO SHOULD SIGN	HOW MANY COPIES AND TO WHOM HAND THEM OUT	HOW TO ARCHIVE	HOW TO USE THIS DOCUMENT AND OTHER COMMENTS
<p>Admission of patient detained prisoner deprived of freedom</p>	<p>Law enforcement authority or armed group that brought the detained patient to the healthcare facility and MSF doctor</p>	<p>1 original to the person who brought the patient in</p> <p>2nd original or a copy kept by MSF</p>	<p>To be kept at field level, in the patient's medical file.</p> <p>However, if the patient has been subject to violence:</p> <p>1- Field level: Store violence-related medical files (including this admission document) and certificates in a dedicated secured place, with restricted access, during the whole period of follow-up of the patient.</p> <p>2- HQ: Violence-related medical files (including this admission document) and certificates shall be sent regularly (at least twice a year) to HQ as per the guidelines in place in each OC.</p>	<p>Do not force the signature of the detaining authority!</p> <p>It is crucial that admission and discharge of patients deprived of freedom are also recorded in the hospital registries</p> <p>Inform ICRC if present in the country for them to follow up on the patient status in detention.</p> <p>For detained patients, please use the other certificates found below in this chapter in case of discharge with medical approval; arrest against medical advice; or interrogatory.</p> <p>Systematically offer and draft medical certificate in case of violence related injuries or ill treatment (even if the patient refuses to take it with him/her right away).</p>

DOCUMENT	WHO SHOULD SIGN	HOW MANY COPIES AND TO WHOM HAND THEM OUT	HOW TO ARCHIVE	HOW TO USE THIS DOCUMENT AND OTHER COMMENTS
<p><u>Arrest of patient against medical advice</u></p> <p><u>Arrest Discharge of patient with medical approval</u></p>	<p>Law enforcement authority or armed group that arrests patient</p>	<p>1 original for the person arresting the patient</p> <p>2nd original or a copy kept by MSF</p>	<p>Same as above</p>	<p>These certificates are to be filled out in case of arrest of patient inside the health structure against medical advice and/or after his/her discharge with medical approval.</p> <p>In case of arrest against medical advice, MSF must:</p> <ul style="list-style-type: none"> ○ draft a formal petition to the authorities/armed group involved + draft an MSF incident report ○ Inform the ICRC if present in the country for them to follow up on the patient status in detention. <p>It is crucial that admission and discharge of patients deprived of freedom are also recorded in the hospital registries</p> <p>WARNING!</p> <ul style="list-style-type: none"> ○ If a detained patient wants to leave the hospital before the end of his/her treatment, and against medical advice: <u>do not make him/her sign any EXIT document</u> that could be assimilated to escape/ jailbreak with the complicity of MSF ○ In the absence/ lack of care in detention > only a patient entirely healed and not requiring any more care can be considered as having a health status compatible with an arrest. If it is not the case > it is necessary to keep the patient hospitalized until s/he has completely healed.
<p><u>Medical certificate patient health incompatible with interrogatory</u></p>	<p>Doctor</p>	<p>1 original for the person wanting to interrogate the patient</p> <p>2nd original or a copy kept by MSF</p>	<p>Same as above</p>	<p>To be used to avoid having a patient interrogated by a law enforcement authority or armed group when the patient health status is not compatible with an interrogatory.</p>

DOCUMENT	WHO SHOULD SIGN	HOW MANY COPIES AND TO WHOM HAND THEM OUT	HOW TO ARCHIVE	HOW TO USE THIS DOCUMENT AND OTHER COMMENTS
<u>Medical certificate patient's health incompatible with detention</u>	Doctor	1 original for the person wanting to arrest the patient 2 nd original or a copy kept by MSF	Same as above	To be used to avoid having a patient arrested by a law enforcement authority or armed group when the patient health status is not compatible with detention (notably if no healthcare is available in the detention premises).
<u>Memo Management of arrests interrogations of patients and judicial requests within medical facilities</u>	N/A	N/A	N/A	This memo contains recommendations to MSF field teams to deal with situations in which law enforcement authorities or armed forces come to healthcare facilities to investigate, arrest and/or interrogate patients, to request healthcare staff to "handout" wounded or sick patients, or to search and seize documents.



6. CONSENT

DOCUMENT	WHO SHOULD SIGN	HOW MANY COPIES AND TO WHOM HAND THEM OUT	HOW TO ARCHIVE	HOW TO USE THIS DOCUMENT AND OTHER COMMENTS
<u>Consent non-emergency situations</u>	Doctor and patient	1 original kept by MSF	In the MSF patient's medical file, if file is not pseudonymized. Otherwise, in a separate location.	<p>Consent is a patient's right and a protection for MSF staff. Before collecting consent (whether orally or in written), it is important to provide all relevant information (in what consists, risks, consequences, alternatives, etc.) to the patient about the medical procedure in question.</p> <p>This template can be used for both adults and minors (if minors, consent should be signed by legal representative) when MSF teams deem it necessary to obtain <u>written</u> consent (e.g. for non-reversible surgical procedures).</p> <p>In case of life-saving procedures that cannot wait the collection of consent, prior consent is NOT required as there is a legal duty for MSF to provide emergency medical care. In such cases, make sure that, at least, two doctors approve together of the medical procedure, and document it in the patient's medical file detailing the emergency and the date of the decision (see « Emergency treatment statement for patients lacking capacity to consent below » below).</p>
<u>Consent for amputation</u>	Doctor, patient and witness (if any)	1 original kept by MSF	In the MSF patient's medical file, if file is not pseudonymized. Otherwise, in a separate location.	<p>This template can be used for both adults and minors (if minors, consent should be signed by legal representative) undergoing an amputation.</p> <p>In case of life-saving procedures that cannot wait the collection of consent, prior consent is NOT required as there is a legal duty for MSF to provide emergency medical care. In such cases, make sure that, at least, two doctors approve together of the medical procedure, and document it in the patient's medical file detailing the emergency and the date of the decision (see « Emergency treatment statement for patients lacking capacity to consent below » below).</p>

DOCUMENT	WHO SHOULD SIGN	HOW MANY COPIES AND TO WHOM HAND THEM OUT	HOW TO ARCHIVE	HOW TO USE THIS DOCUMENT AND OTHER COMMENTS
<p><u>Consent for blood transfusion</u></p>	<p>Doctor, patient and witness (if any)</p>	<p>1 original kept by MSF</p>	<p>In the MSF patient's medical file, if file is not pseudonymized. Otherwise, in a separate location.</p>	<p>This template can be used for both adults and minors (if minors, consent should be signed by legal representative) undergoing a blood transfusion.</p> <p>In case of life-saving procedures that cannot wait the collection of consent, prior consent is NOT required as there is a legal duty for MSF to provide emergency medical care. In such cases, make sure that, at least, two doctors approve together of the medical procedure, and document it in the patient's medical file detailing the emergency and the date of the decision (see « Emergency treatment statement for patients lacking capacity to consent below » below).</p>
<p><u>Emergency treatment statement for patient lacking capacity to consent</u></p>	<p>Doctor and witness (if any)</p>	<p>1 original kept by MSF</p>	<p>In the MSF patient's medical file, if file is not pseudonymized. Otherwise, in a separate location.</p>	<p>This template serves to document any life-saving medical procedure performed on patient lacking capacity to consent (unconscious, minor, etc.) at the moment of the procedure. It aims at protecting MSF staff from any potential claim from the patient or his/her relatives/representatives.</p> <p>If you do not use this form, make sure, at least, that two doctors approve together of the medical procedure, and document it in the patient's medical file detailing the emergency and the date of the decision.</p>

DOCUMENT	WHO SHOULD SIGN	HOW MANY COPIES AND TO WHOM HAND THEM OUT	HOW TO ARCHIVE	HOW TO USE THIS DOCUMENT AND OTHER COMMENTS
<p><u>Consent for the collection of photos of human samples</u></p>	<p>Patient</p> <p>If photos > they must be printed immediately or as soon as possible. Each picture must include the name of the patient + date of examination + signature of the medical staff who examined the patient + stamp MSF</p>	<p>1 original kept by MSF</p>	<p>In the MSF patient's medical file, if file is not pseudonymized. Otherwise, in a separate location.</p>	<p>This template is to be used when collecting human samples and/or photos from patients for medical (i.e. to be able to follow the evolution of a wound; or allow a remote referent to view the wounds for medical advice) or forensic purposes (vaginal swab/ anal swab, notable in case of sexual violence)</p> <p>Any electronic storage of patients' photos must be discussed with the ILD.</p> <p>WARNING! This consent should NOT be used for taking photos for communication and/or advocacy purposes. In such cases contact the relevant department and the ILD.</p>



7. MEDICAL CONFIDENTIALITY & TRANSFER OF PATIENT'S INFORMATION

DOCUMENT	WHO SHOULD SIGN	HOW MANY COPIES AND TO WHOM HAND THEM OUT	HOW TO ARCHIVE	HOW TO USE THIS DOCUMENT AND OTHER COMMENTS
<p><u>Written consent for transfer of personal and medical information to third parties</u></p> <p><u>Oral consent for transfer of personal and medical information to third parties</u></p>	<p>MSF staff and patient</p>	<p>1 original kept by MSF</p>	<p>In the MSF patient's medical file, if file is not pseudonymized. Otherwise, in a separate location.</p>	<p>This template must be used to collect patient's consent before sharing any patient's personal and medical information with third parties. For the consent to be valid, it must indicate (1) what the patient consents to, and (2) to whom exactly the information will be transferred.</p> <p>The patient can authorize MSF to transfer information such as his/her identity/ personal details/ medical certificate either in written or orally (for ex: by phone if the patient lives far away and cannot sign a written consent).</p> <p>In case of consent is collected orally:</p> <ul style="list-style-type: none"> o make sure that the MSF staff who collected the oral consent documents it in the patient's medical file by indicating the staff name + date + with whom exactly infos/data will be shared + why (in which purpose). For ex. « <i>Patient X contacted by phone on DATE by Dr Y ; patient gave his consent to send his certificate to the police for them to be able to start an investigation on violence undergone by the patient</i> »; or o MSF medical staff can document the patient's oral consent by filling out the template attached hereto: 'Oral consent for transfer of personal and medical information to third parties' <p><u>WARNING: No personal or medical information can be shared with third parties not directly involved in the patient's care without patient's prior consent.</u></p> <p>In case of sharing of patient personal and medical information between MSF sections (due to handover, for instance), please consult the ILD.</p>

DOCUMENT	WHO SHOULD SIGN	HOW MANY COPIES AND TO WHOM HAND THEM OUT	HOW TO ARCHIVE	HOW TO USE THIS DOCUMENT AND OTHER COMMENTS
<p><u>Memo Requisition patient's information by authorities</u></p>	<p>N/A</p>	<p>N/A</p>	<p>N/A</p>	<p>This memo explains how MSF teams should manage the following authorities' requests: 1. Request to examine someone; 2. Request to communicate patients' documents/information/; and 3. Testify before a tribunal or a court of justice.</p> <p>In case the request to share patient's personal and medical information is not coming from authorities but rather from:</p> <ul style="list-style-type: none"> o <u>An organization</u> (UN, NGO, etc.) or <u>an individual</u> (journalist, human rights investigator, etc.) > patient's prior consent written or oral is mandatory, to share information (use above templates above) o <u>Minor's parents/legal representatives/relatives</u> when the minor requested to <u>keep his/her information confidential</u> > immediately contact ILD o <u>Relatives from a deceased patient</u> > see attached memo "Access to medical file of a deceased patient" <p>If the patient cannot be contacted > <u>no information can be shared, and medical confidentiality should prevail.</u></p>
<p><u>Letter of response to judicial authorities</u></p>	<p>MSF representative</p>	<p>1 original for the judicial authority 2nd original or a copy kept by MSF</p>	<p>In the MSF patient's medical file.</p>	<p>This template should be used to respond to judicial requests in case the person summoned is not available in which case MSF will appoint someone else to appear in court.</p>

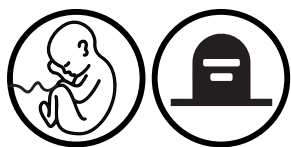
DOCUMENT	WHO SHOULD SIGN	HOW MANY COPIES AND TO WHOM HAND THEM OUT	HOW TO ARCHIVE	HOW TO USE THIS DOCUMENT AND OTHER COMMENTS
<p><u>Request form of patient's information or medical file (living or deceased) by a third party</u></p>	<p>Person requesting the information</p>	<p>1 original kept by MSF (even if patient is deceased)</p>	<p>In the MSF patient's medical file, if file is not pseudonymized. Otherwise, in a separate location.</p>	<p>This template should be filled in by anyone requesting access to patient's personal and medical information (e.g. a family member of the patient, a lawyer, or an organization).</p> <ol style="list-style-type: none"> <u>If the requestor is the patient</u>, there is no need to fill out this template. However, MSF must verify his/her identity (is it really the patient?) using all possible means (ID or any other acceptable document that confirms his/her identity) <u>If the requestor is NOT the patient</u>: Request must be formalized in written using the attached template. <p>When dealing with the request:</p> <ol style="list-style-type: none"> <u>If the patient is alive: Inform the patient of the request + obtain his/her consent</u> (use consent templates above attached). Assent from a minor is also necessary if s/he benefited from the medical secrecy towards his/her parents/legal representatives <u>If the patient is deceased</u>: refer to memo "Access to MF of a deceased patient. Read attached memo; medical confidentiality still stands in many countries after the death of the patient.
<p><u>Transfer form of patient's information or medical file (living or deceased) to a third party</u></p>	<p>Doctor</p>	<p>1 original for the requestor 2nd original or a copy kept by MSF</p>	<p>In the MSF patient's medical file, if file is not pseudonymized. Otherwise, in a separate location.</p>	<p>This template should be used to provide the information requested by the patient, his/her relatives, lawyer, or other organizations, provided the patient has consented to the sharing previously.</p>
<p><u>Memo Access to medical file of a deceased patient</u></p>	<p>N/A</p>	<p>N/A</p>	<p>N/A</p>	<p>This memo explains when legal representatives of deceased patients can access their medical file and how MSF teams should deal with such requests.</p>

DOCUMENT	WHO SHOULD SIGN	HOW MANY COPIES AND TO WHOM HAND THEM OUT	HOW TO ARCHIVE	HOW TO USE THIS DOCUMENT AND OTHER COMMENTS
<p><u>Memo</u> <u>Putting</u> <u>patients in</u> <u>contact with</u> <u>external</u> <u>organizations</u></p>	N/A	N/A	N/A	<p>This memo explains how MSF teams can put patients in contact with external organizations providing other types of support (beyond healthcare).</p>



8. TRANSPORT, REFERRAL & TRANSFER OF PATIENTS AND CARETAKERS

DOCUMENT	WHO SHOULD SIGN	HOW MANY COPIES AND TO WHOM HAND THEM OUT	HOW TO ARCHIVE	HOW TO USE THIS DOCUMENT AND OTHER COMMENTS
<u>Referral Form</u>	Doctor	1 original for the health structure where the patient is being referred to 2 nd original or a copy kept by MSF	In the MSF patient's medical file	This template should be used when patients are referred to other healthcare structures. It also contains a "counter-referral form" to be filled out by the reference health structure when (and if) the patient is referred back to MSF.
<u>Discharge of liability form for transport of patient</u>	Patient	1 original in the MSF patient's medical file	In the MSF patient's medical file	This template should be used when patients are transported by MSF. By signing it, patients acknowledge that MSF cannot be held liable in case his/her health deteriorates during transportation. It also includes the possibility of the patient being accompanied by a caretaker.
<u>Discharge of liability form for referral of patient</u>	Patient	1 original in the MSF patient's medical file	In the MSF patient's medical file	This template should be used when patients are referred/transferred to non-MSF healthcare facilities. By signing it patients acknowledge that MSF cannot be held liable for the care provided in non-MSF healthcare facilities
<u>Memo MSF responsibility with regards to transport and referral of patients</u>	N/A	N/A	N/A	This memo aims at clarifying MSF's legal responsibility whenever a patient is transported, transferred or referred as well as providing recommendations to MSF teams in this regard.
<u>Transfer form</u>	Doctor	1 original kept by MSF	In the MSF patient's medical file	This template should be shared / showed at checkpoints when MSF is transporting patients from one location to another in case authorities wish to verify the patient's identity. The content of the patient transfer form shall mention the reasons for transfer (i.e. medical reasons) but should not give details as to the circumstances that led to the admission of the patient. <u>WARNING:</u> <u>No information about patient health status should be disclosed to authorities without the patient's consent.</u>



9. BIRTH AND DEATH

DOCUMENT	WHO SHOULD SIGN	HOW MANY COPIES AND TO WHOM HAND THEM OUT	HOW TO ARCHIVE	HOW TO USE THIS DOCUMENT AND OTHER COMMENTS
<u>Statement of birth</u>	Healthcare staff member involved in the birth (preferably a midwife or a doctor)	1 original to be handed out to the parents 2 nd original or a copy kept by MSF	In the MSF patient's medical file (either the mother or the newborn patient file)	The MSF Statement of Birth template shall only be used when no national/ MoH template exists or when it is impossible to obtain any kind of official recognized documentation of birth. When MoH already has a system in place to document births, the MoH official template shall be used/privileged (instead of MSF's one).
<u>Statement of death</u>	Doctor	1 original to be handed out to the deceased's next of kin 2 nd original or a copy kept by MSF	In the MSF patient's medical file	The MSF Statement of Death template shall only be used when no national/ MoH template exists or when it is impossible to obtain any kind of official recognized documentation of death. When MoH already has a system in place to document deaths, the MoH official template shall be used/privileged (instead of MSF's one).
<u>Memo Attestations of birth death</u>	N/A	N/A	N/A	This memo aims at explaining how and when the MSF Birth and Death Statements should be used. <u>WARNING:</u> <u>These documents do not in any case replace the formal process of recording a birth or a death with civil authorities.</u>

DOCUMENT	WHO SHOULD SIGN	HOW MANY COPIES AND TO WHOM HAND THEM OUT	HOW TO ARCHIVE	HOW TO USE THIS DOCUMENT AND OTHER COMMENTS
<u>Referral form of unaccompanied minor to shelter</u>	MSF representative Shelter representative Social Services representative (or local authorities representative)	1 original kept by MSF 1 copy for the Shelter services 1 copy for Social Services	In the MSF patient's medical file	This template should be mandatorily used to document referral of unaccompanied minors to a shelter not supervised by MSF (for example, a child victim of parental abuse, within the household, for whom no protection solution was found with family/ close relatives). MSF teams should inform local Social Services or other relevant authorities.
<u>Admission form for unaccompanied minors referred by another organization or a third party to MSF</u>	MSF representative Representative Of the organization or person who organized the referral to MSF	1 original kept by MSF	In the MSF patient's medical file	This template should be mandatorily used to document the admission of an unaccompanied minor referred by: <ul style="list-style-type: none"> o a shelter/ an orphanage/ Social Services, or o a person not linked to the child (for example: during a displacement, an adult takes care of an unrelated minor). It is important to formalize this admission, notably to: <ul style="list-style-type: none"> o Ensure that MSF knows to whom refer the minor when s/ he is discharged, o Prevent from losing information on the origin of the minor, o Ensure that, if it is a referral from a shelter/ an orphanage/ Social Services, the latter will be responsible for the minor upon discharge.
<u>Memo Estimation of age</u>	N/A	N/A	N/A	This memo provides recommendations to MSF teams on how to deal with requests from authorities to determine the age of a person and to draft a medical certificate estimating someone's age. In all cases, please be sure to also read the attached Memo ' <i>Requisition for patient name/ patient medical info (made by authorities)</i> ' to ensure you follow the ethical and legal rules applicable to such requests by authorities.

DOCUMENT	WHO SHOULD SIGN	HOW MANY COPIES AND TO WHOM HAND THEM OUT	HOW TO ARCHIVE	HOW TO USE THIS DOCUMENT AND OTHER COMMENTS
<p><u>Memo Recommendations management of unaccompanied or isolated minors</u></p>	N/A	N/A	N/A	<p>The objective of this memo is to provide MSF field staff with recommendations for the case management of unaccompanied or isolated minors arriving in MSF health structures, or health structures supported by MSF.</p>



11. HEALTH DATA PROTECTION TOOLS

DOCUMENT	WHO SHOULD SIGN	HOW MANY COPIES AND TO WHOM HAND THEM OUT	HOW TO ARCHIVE	HOW TO USE THIS DOCUMENT AND OTHER COMMENTS
Health Data Protection Policy	N/A	N/A	N/A	This policy sets out the core principles and context considerations that provide the framework for the protection and security of patient and community data at MSF.
Infographics Health Data Protection Policy	N/A	N/A	N/A	This 1-page infographics summarizes the main concepts and principles of the MSF Health Data Protection Policy



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