Chapter DE 14
INFORMED CONSENT

DE 14.01 Authority and purpose. (1) Authority. The rules in this chapter are adopted pursuant to the authority delegated in ss. 15.08 (5) (b), 227.11 (2) (a), and 447.02 (2) (i), Stats. (2) Purpose. The purpose of the rules is to define the obligation of a dentist to communicate alternate modes of treatment to a patient. History: CR 15–057: cr. Register February 2016 No 722, eff. 3–1–16.

DE 14.02 Informed consent. Any dentist 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 prior to treating the patient. The reasonable dentist standard is the standard for informing a patient under this section. The reasonable dentist standard requires disclosure only of information that a reasonable dentist would know and disclose under the circumstances. History: CR 15–057: cr. Register February 2016 No 722, eff. 3–1–16.

DE 14.03 Recordkeeping. A dentist’s patient record shall include documentation that alternate modes of treatment have been communicated to the patient and informed consent has been obtained from the patient. History: CR 15–057: cr. Register February 2016 No 722, eff. 3–1–16.

DE 14.04 Exceptions to communication of alternate modes of treatment. A dentist is not required to disclose the types of information listed in ss. 447.40 (1) to (6), Stats. Note: Section 447.40, Stats., reads: “Any dentist 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 dentist standard is the standard for informing a patient under this section. The reasonable dentist standard requires disclosure only of information that a reasonable dentist would know and disclose under the circumstances. The dentist’s duty to inform the patient under this section does not require disclosure 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 dentist has not included in his or her diagnosis at the time the dentist informs the patient. History: CR 15–057: cr. Register February 2016 No 722, eff. 3–1–16.