

TITLE: <b>Consent to Treatment</b>	PAGE: Page 1 of 2
DEPT./SECTION Behavioral Health/Patient Rights	NUMBER: YCHC-BHS-8.02
AFFECTS: Client and Staff/PROVIDERS	DATE CREATED: 3/1/2016 DATE APPROVED: 05/01/17 DATE REVISED:

**Policy:**

Before BHS can render services or treatment to a client, consent for such services and treatment must be obtained from the client, adult family member, or legal/authorized guardian of the client without any form of duress or undue influence from health professionals, family, and/or friends.

**Purpose:**

The primary goal of the YCHC and BHS is to ensure that each client feels their needs have been met in a respectable, professional, and considerate manner. We also acknowledge that such needs of the client are sometimes met through refusal of services.

**Procedure:**

Any clients, age 18 and older seeking services from the BHS program must first sign the *Consent for Treatment* form (file location: *Public Share\BHS Handbook\Intake Packet*). If a client is unwilling or unable to sign the form then the BHS team member responsible for the client shall document the reason in the client's clinical records. A client reserves the right to withdraw their consent for treatment at any point during the treatment process. If the client decides to do so, the BHS team member responsible for the client is no longer permitted to provide the specific service the client has withdrawn consent from and shall document the reason in the client's clinical notes.

Information given to the consenter should include the following: diagnosis of condition, nature and purpose of the proposed treatment, and risks and ramifications involved with the treatment process.

**Legal consent may be obtained from the following:**

1. The patient, if at least 18 years old, or married, and if physical and mental condition permits (see Vicarious Consent for Treatment section below).
2. A parent or legal guardian, if a minor is involved, either in person or by phone if witnessed by a licensed staff member.
3. Any person, or educational institution, with written authorization from the person who would otherwise have the power.
4. The court having jurisdiction of the patient.
5. In some situations, a minor may give consent (see Consent and Treatment of Minors section below).
6. Any adult family member (e.g., grandparent, brother, sister, aunt, or uncle), in the event that the parent or legal guardian cannot be located.
7. The parent having custody of a child of divorced or separated parents whenever possible.

**Vicarious Consent for Treatment**

Clients who do not possess the capacity to make a decision regarding treatment for their behavioral health must have their consent given vicariously by a responsible or certified individual. There must be documented proof of the client's incapacity to make such decisions, such as an official biopsychosocial, psychological, or neuropsychological assessment. Individuals who qualify for vicarious consent are as follows:

- Parent and/or legal guardian
- Psychiatrist or psychologist

## Consent and Treatment of Minors

BHS deems individuals 18 years of age and older capable of consenting to service. Information about the service provided to individuals 18 years of age and older will not be released to a parent or any other person without the consent of the young person. If the services provided were ONLY substance use, then the age of consent is 16.

Service to children under the age of 18 (16 for substance use) will be provided with the consent of a parent or guardian who has the right to make decisions about the care of the child or children. Children will only be released to a parent or guardian who has custody of the child(ren) or on the instruction of the parent/guardian with such rights, to another individual. Information about service provided to children under age 18 will only be provided to a parent or guardian who has the right to have access to this information.

BHS staff are neutral unbiased third parties who do not take the side of either parent but work to focus on the child's best interests.

## SCOPE

This policy applies to all BHS staff providing service to children and youth.

## PROCEDURES

### 1. Establishing Who Has the Right to Make Decisions

1.1 BHS will determine the legal arrangements regarding custody, access and decision-making for all children for whom a service request is made or to whom BHS delivers services.

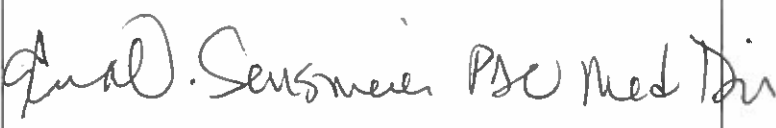
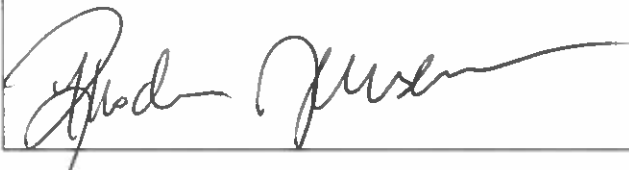
1.2 The determination of parenting arrangements (whether legally agreed-upon in a custody arrangement, by de-facto agreement or by court order) is first made at intake. The information about who makes decisions on behalf of the child is recorded in the service request form (as reported by the person requesting service). Other issues related to decision-making, notably if there are difficulties with enforcement or if there is a parenting plan that is under review, will also be noted here.

1.3 If the parent/guardian making the service request has the right to make decisions, BHS will accept the request for service directly for children.

1.4 The right of the parent/guardian to make decisions should be confirmed at the time of the first appointment and in an ongoing fashion (notably if there is a conflict situation).

1.5 BHS will seek to involve the appropriate parent/guardian and as many parent/guardians as possible in service related to the child in accordance with the best interests of the child standard and being mindful of any issues related to the safety of the child and/or parent. BHS will work with the parents to discern the current family situation, and to determine the best way to provide service and share decision-making and information

1.9 If there is any reason for concern or ambiguity about rights, BHS will strive to ensure that the organization has accurate and up-to-date information.

<b>APPROVED BY:</b>	
<b>Medical Director Signature, Eva Sensmeier PA-C</b>	
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<b>Executive Health Director Signature, Rhoda Jensen</b>	
	5/1/17

**Quality Improvement Chairperson Signature**

*Ann Snyder apr*

*5/1/17*