BHRS POLICY:  96-15

SUBJECT:  Application for Services and Consent to Treatment

AUTHORITY:  Divisional; W&I Code 4655

AMENDED:  12/10/2003; 12/10/08; 12/09/09

ATTACHMENTS:

A. Application for Services and Consent to Treatment with Acknowledgement of Receipt of Notice of Privacy Practices
   - English
   - Spanish
   - Tagalog
   - Tongan

B. Minor Client Legal Status and Implications for Consent

C. Clinical Summary for GGRS Clients Mentally Incapable of Giving Consent

PURPOSE

To assure that application for services and consent to treatment is an informed decision on the part of a consumer/parent/guardian, and

To define a procedure to obtain informed consent when consumers are unable by legal status or medical condition to participate in this process.

POLICY

Obtaining informed consent to treatment is the responsibility of the clinical staff, not of the administrative staff.

It is the expectation of BHRS that every effort will be made to inform all clients, to the extent possible, about services that they may receive. It is further the expectation of BHRS that legal documents, including consent to treatment and informed consent for medications, will be signed by the client/family member where allowed, or by the legal guardian/conservator where required.
For adult clients who are seen face-to-face, the ACCESS clinical staff member or other adult team clinical staff member who provides the initial evaluation shall obtain consent to treatment.

For youth clients/families who are seen face-to-face, the ACCESS clinical staff member or other youth clinical staff member who provides the initial evaluation shall obtain consent to treatment.

This policy shall apply as appropriate to community behavioral health agencies and contracted outpatient practitioners.

Special Circumstances

- **Children/Youth**

  Extreme care must be taken to determine the custody status of the child/youth before assuming that one or both parents can consent to treatment. Other guardianship and court directed custody issues also may determine who can consent for treatment. (See Attachment B, Minor Client Legal Status and Implications for Consent, for guidance.)

  In cases where further clarity is required, such as in disagreements between two custodial parents, always seek consultation with supervisors/managers. Additionally, it may be necessary to seek further direction from County Counsel.

- **Conserved Adults**

  a. Necessary services such as initiating or continuing medications may occur prior to obtaining signed consent.

  b. Application for Services and Consent to Treatment (Attachment A) shall be sent to the conservator for signature. The signed form shall be filed in the medical record when returned.

- **Consumers with Developmental Disabilities**

  Clients with developmental disabilities who are not conserved and who are able to understand the nature of consent to treatment and consent for medications are able to sign for themselves.

  The following procedure shall be followed when a clinical decision is made that the client is not capable of giving informed consent and that the client has no parent, guardian or conservator legally authorized to consent for treatment and medications. Further, it shall have been determined and noted during the clinical assessment that the client is able to utilize the food, clothing and shelter provided in a home-like setting or group home, and is otherwise not gravely disabled due to a mental disorder.
a. Necessary services such as initiating or continuing medications may occur prior to obtaining signed consent.

b. The Clinical Summary for GGRC Clients Mentally Incapable of Giving Consent (Attachment C), the most recent PIN and the consent forms requiring signature shall be sent to the Behavioral Health Medical Director.

c. The forms will be sent to the Golden Gate Regional Center Medical Director for approval.

d. The signed forms will be returned to the BHRS Medical Director who will assure they are returned to the Clinical Team or to the Puente Clinic. Signed forms will be filed in the medical record.

e. Note: The Notice of Privacy Practices has been sent to the Regional Center Medical Director. It does not need to accompany the submission of consent documents.

Approved: ____________________________
Louise Rogers, Director
Behavioral Health and Recovery Services

Approved: ____________________________
Celia Moreno, MD, Medical Director

Reviewed ____________________________
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