



Health Care Agency Mental Health and Recovery Services Policies and Procedures	Section Name:	Client's Rights
	Sub Section:	Consents
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SIGNATURE		DATE APPROVED
Director of Operations Mental Health and Recovery Services		_____ 2/14/2023
Signature on File		_____

SUBJECT: Informed Consent for Mental Health and Recovery Services

PURPOSE:

To provide a uniform procedure for obtaining consent for mental health services from an Orange County Health Care Agency (HCA) Mental Health and Recovery Services (MHRS) beneficiary/client.

POLICY:

All beneficiaries/clients treated through MHRS County and County contracted outpatient programs shall consent to treatment. If an adult beneficiary/client refuses to sign the informed consent due to their mental illness, the reason for the refusal must be documented and the Plan Coordinator shall continue efforts to obtain an informed consent for treatment.

SCOPE:

The provisions of this policy are applicable to all HCA MHRS employees, volunteers and interns treating mental health beneficiaries/clients in County and County contracted outpatient programs except in emergency situations.

REFERENCES:

Title IX, Division 1, Chapter 3. §532.2

Title IX, Chapter II, Subchapter 1, Article 2, §1810.209

FORMS:

[Informed Consent Form F346.301](#) (R06/16)

PROCEDURES:

Prior to the admission of a beneficiary/client for mental health treatment from a HCA MHRS County or County contracted program, the HCA MHRS clinician/Plan Coordinator (PC) shall discuss each mental health service provided with the beneficiaries/clients and/or legally

responsible party. Assessment services are a mental health service and require informed consent the same as any other service.

- I. The clinician/PC shall inform the beneficiary/client or their legally responsible party of the following:
 - A. The reason for the proposed mental health services.
 - B. The types of services which may be provided.
 - C. The nature of the proposed mental health services including their probable frequency and duration.
 - D. The probable degree and duration (temporary or permanent) of improvement or remission expected with or without the proposed mental health services.
 - E. The nature, degree, duration and probability of side effects and significant risks commonly known by the medical profession of such mental health services.
 - F. The reasonable alternative mental health services.
 - G. The right to accept or refuse the proposed mental health services.
 - H. The right to refuse the mental health services any time prior to or in between mental health services.
- II. Obtain the required signatures (beneficiary/client and/or legally responsible party, and a witness). The witness may be a clerical employee or the clinician/PC.
- III. Provide a copy of the completed Informed Consent Form to the beneficiary/client or legally responsible party.
- IV. Place the original Informed Consent Form in the beneficiary/client's clinical record or Electronic Health Record (EHR).

The beneficiary/client or legally responsible party can rescind their consent to mental health services at any time verbally or in writing. If the beneficiary/client or legally responsible party rescinds their consent, the HCA MHRS County or County Contracted clinician/PC shall:

- A. Document the withdrawal of consent in the beneficiary/client's clinical record;
- B. Indicate on the Informed Consent Form which mental health services consent has been withdrawn; and
- C. Cease providing the identified mental health service(s).

V. Verbal Consent:

Occasionally a beneficiary/client will verbally agree to receive services, but refuse to sign the consent for treatment. In this instance, the clinician/PC shall:

- A. Complete the Informed Consent for treatment form.
 - 1. In the signature block for beneficiary/client/guardian signature the clinician should write in "Client verbally agrees to receive services but declines to sign consent form".
 - 2. Sign in the witness signature block.
 - 3. Date the form.
- B. In the progress note for that date, write briefly why the beneficiary/client declined to sign the consent.
- C. Re-visit the issue with the client on subsequent visits and at least at every update of the treatment/care plan.

VI. Emergency Situations:

- A. Services provided in these situations may be billed:
 - 1. If the beneficiary/client is asked and agrees to sign the consent form, then the procedures for completing a consent form should be followed.
 - 2. If the beneficiary/client is not asked, due to agitation or other clinical issues, the clinician should document this in the progress note.
 - 3. If the beneficiary/client is asked and refuses, the clinician should document this in the progress note.

VII. County contracted outpatient programs may modify the HCA MHRS Informed Consent for their use or they may use their agency's Informed Consent as long as the procedures listed above are followed.