

**Policy Name: Capacity to Give Informed
Consent and Procedure for Requesting
Special Assistance for a SMI Consumer**

Policy Number: RI - 0002

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Date

Cross Reference(s)

Provider Manual section 3.11

Policy Statement

Partners in Recovery Direct Care Clinics (DCC) are committed to quality care being provided to our consumers, and to assess the capacity to give informed consent to treatment upon admission.

Purpose

To ensure that consumers receive an impartial assessment, and that consumers and their families understand their right to give informed consent to treatment.

Scope

Partners in Recovery Direct Care Clinics.

Key Terms

Should the reader need to inquire as to the definition of a term used in this policy, the Partners in Recovery Key Term Glossary can be found in the back of the Policy and Procedure Manual.

Standards

- I. Consumer informed consent is obtained prior to the admission of the consumer into the inpatient unit at the UPC or the administration of psychotropic medications at the UPC or DCC.
 - The appropriate informed consent form is signed by the consumer and placed in the medical record
- II. If the capacity of an individual to give informed consent is in doubt, the Behavioral Health Medical Practitioner (BHMP) conducts an evaluation and makes a determination of the individual's capacity.
- III. If the BHMP concludes that an individual diagnosed as SMI is unable to give informed consent, a staff member working with the BHMP will contact the SMI consumer's treatment team or clinic to request the treatment team complete the *Special Request for Assistance Form*. The consumer's treatment team completes the form and forwards the form to the Office of Human Rights for action within three days of notification of the consumer's need for special assistance.
- IV. The BHMP may initiate an emergency commitment to change the consumer's status to "involuntary", following the state guidelines for involuntary admissions.

Associated Partners in Recovery Forms & Attachments

Request for Special Assistance form

Informed Consent for Psychotropic Medications