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Informed Consent for Medical, Dental and Mental Health Care	ACA Standards: 2-CO-4E-01, 4-4368, 4-4397M, 4-4403-1, 4-ACRS-4C-19		
Joe M. Allbaugh, Director Oklahoma Department of Corrections		Signature on File	

Informed Consent for Medical, Dental and Mental Health Care

For the purpose of this procedure, the term “inmate” will apply to anyone under the authority, custody or care of a prison or a community-based facility operated by or contracted with the Oklahoma Department of Corrections (ODOC).

I. Purpose and Overview (2-CO-4E-01, 4-4368 b# 7, 4397M, 4-ACRS-4C-19)

Inmates will have the right to be informed of the nature of the procedure, treatment, risks, benefits and alternatives of invasive treatment or procedure. To ensure the inmate can make an informed decision for voluntary consent or waiver, the medical provider is obligated to provide information regarding the recommended invasive treatment or procedure which may have major adverse health risks.

A. Routine Treatments

A signed consent will not be required for routine treatment or procedure provided in the health services unit, such as provided during sick call, routine dental or dental hygiene procedures. The inmate has given implied consent through presenting himself/herself for services.

B. Emergency Treatments

An signed consent will not be required in a life-threatening emergency where immediate medical intervention is needed to prevent loss of life, limb or to prevent the inmate from harming themselves or others. If the inmate is awake and capable of making decisions, emergency treatment can be refused. If an inmate has executed a living will and/or do not resuscitate order, life saving treatments can be withheld. Otherwise, if an inmate presents in distress, the consent to receive treatment is implied.

C. Informed Consent (4-4368, b# 7, 4-4397M, 4-ACRS-4C-19)

Informed consent is the voluntary consent to an invasive treatment or procedure by the inmate after receipt of the material facts in a language understood by the inmate regarding the nature, consequences, risks and alternatives concerning the proposed invasive treatment or procedure. Types of invasive medical treatment or procedures include, but are not limited to: incision and drainage; skin removal including biopsy; cauterization; all major and minor surgical procedures; neuroleptic medication(s); other procedures in which there is a probability of major adverse risks; and all invasive dental procedures. Telehealth/Telemedicine informed consent will be in accordance with [OP-140121](#) entitled "Outside Providers for Health Care Management."

Inmates committed to ODOC are certified as adults and have the rights and responsibilities of an adult pursuant to the law and Title 10 Section 7306-2.4. Involuntary psychotropic medications will only be administered in accordance with [OP-140652](#) entitled "Involuntary Psychotropic Medication in Non-Emergency Situations" and [OP-140653](#) entitled "Emergency Forced Psychotropic Medication." Otherwise, any inmate may refuse (in writing) medical, dental and mental health care, to include telehealth encounters. (4-4403-1)

1. Prior to the initiation of any invasive treatment or procedure involving risk to the individual's life or health status, the appropriate medical provider will explain the invasive treatment or procedure as well as alternatives and risk to the inmate.
2. The inmate will sign a "Consent for Medical, Dental and Mental Health Treatment" ([DOC 140701A](#), attached) authorizing the invasive treatment or procedure prior to receiving the invasive treatment or procedure. For neuroleptic medications, the inmate will sign a "Neuroleptic's Informed Consent" form ([DOC 140701C](#), attached). If a specialized consent form is used it will require the approval of the chief medical officer or designee.

If an inmate is unable to speak or read English, an interpreter will be utilized to assist the inmate in understanding the terms of the consent in a language understood by the inmate. Such assistance will be documented on the appropriate consent or waiver form.

3. Serving as a witness, a qualified health care professional will sign the appropriate consent for "Consent for Medical, Dental and Mental Health Treatment" ([DOC 140701A](#)) as a witness to the consent.
4. The healthcare provider will sign the "Consent for Medical, Dental and Mental Health Treatment" ([DOC 140701A](#)) indicating that the

information sufficient to provide informed consent was given to the inmate.

5. The completed appropriate consent form, "Consent for Medical, Dental and Mental Health Treatment" ([DOC 140701A](#)) and the "Neuroleptic's Informed Consent" form ([DOC 140701C](#)) will be filed in the inmate's electronic health record.
6. If health care is rendered against the inmate's will, it will be done in accordance with state and federal laws and regulations. Otherwise, any inmate may refuse (in writing) medical, dental and mental health care.
7. If the inmate refuses an invasive treatment or procedure, a "Waiver of Treatment/Evaluation" ([DOC 140117D](#)) will be completed in accordance with [OP-140117](#) entitled "Access to Care."

II. Vaccination Consents (4-4397M, 4-ACRS-4C-19)

In accordance with federal law 42 U.S.C.A. § 300aa-26, inmates will be provided with a current Vaccine Information Statement (VIS) specific to the vaccine being offered, using the appropriate language version for the inmate. The VIS's are updated regularly. To obtain current VIS's, the website is accessible at: <http://www.cdc.gov/nip/publications/VIS/default.htm>.

A. Vaccine Administration Consent and Refusal

1. The qualified health care provider will check the appropriate vaccine(s) on the "Vaccine Administration Consent Form" ([DOC 140701B](#), attached) and indicate the date on the VIS(s) provided. Adequate time will be allowed for the inmate to read the VIS, and the medical provider will answer questions and address concerns.
2. The inmate will check the appropriate box on the "Vaccine Administration Consent Form" ([DOC 140701B](#)) consenting or refusing the vaccine(s). The inmate will sign the consent form prior to administration of the vaccine.
3. A qualified health care provider will sign the "Vaccine Administration Consent Form" ([DOC 140701B](#)) indicating that the information is sufficient to provide that informed consent was given or refused by the inmate.
4. Vaccine administration will be documented in the inmate's electronic health record.

III. References

Policy Statement No. P-140100 entitled "Inmate Medical, Mental Health and Dental Care"

OP-140117 entitled "Access to Care"

OP-140121 entitled "Outside Providers for Health Care Management"

OP-140652 entitled "Involuntary Psychotropic Medication in Non-Emergency Situations"

OP-140653 entitled "Emergency Forced Psychotropic Medication"

42 U.S.C.A. § 300aa-26 [Vaccine Information]

CDC, National Immunization Program, Vaccine Information Statements (VIS) accessed December 10, 2001 at:

<http://www.cdc.gov/nip/publications/VIS/default.htm>

IV. Action

The chief medical officer and medical services administrator are responsible for compliance with this procedure.

The division manager of Health Services is responsible for the annual review and revisions.

Any exceptions to this procedure will require prior written approval from the director.

This procedure is effective as indicated.

Replaced: Operations Memorandum No. OP-140701 entitled "Informed Consent for Medical, Dental and Mental Health Care" dated May 20, 2015

Distribution: Policy and Operations Manual
Agency Website

<u>Referenced Forms</u>	<u>Title</u>	<u>Location</u>
DOC 140117D	"Waiver of Treatment/Evaluation"	OP-140117
DOC 140701A	"Consent for Medical, Dental and Mental Health Treatment"	Attached
DOC 140701B	"Vaccine Administration Consent Form"	Attached
DOC 140701C	"Neuroleptic's Informed Consent"	Attached
DOC 140701D	"Informed Consent for Telemedicine Services"	Attached

