

BHS Policies and Procedures



City and County of San Francisco
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BEHAVIORAL HEALTH SERVICES

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POLICY/PROCEDURE REGARDING: BHS Psychiatric Medication Consent in Ambulatory Care

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Manual Number: 3.5-04
References: CCR Title 9,
Chapter 11, Sections 784.29 &
851, WIC 5325, 5326.95,
5325.1, American Academy of
Child and Adolescent Psychiatry
Guidelines: Medication Consents

Technical Revision. Replaces Policy 3.05-04 version May 26, 2017.

Purpose:

The purpose of this policy is to provide instruction regarding informed consent of psychiatric medication(s) for specialty mental health clients in ambulatory care (outpatient and day treatment programs). Clients include children, adolescents, adults, and older adults. Adult clients are defined as age 18 years or older.

Scope:

This policy applies to all BHS and BHS-affiliated prescribers providing care to specialty mental health clients in Adult/Older Adult (AOA) and Child, Youth and Family (CYF) in ambulatory care.

Policy:

1. Prior to treatment with any psychiatric medication the prescriber shall inform the adult client or parent/guardian of their right to accept or refuse medication(s) and that they may withdraw consent at any time by notifying the prescriber
2. Prior to treatment with any psychiatric medication the prescriber shall provide the adult client or parent/guardian with sufficient information about the medication(s) in order to make an informed decision. Information shall include:
 - 2.1 What condition or diagnoses the medication(s) are prescribed to address
 - 2.2 Which symptoms the medication(s) should reduce and how likely the medication(s) will work
 - 2.3 What are the chances of getting better without taking the medication(s)
 - 2.4 Reasonable options or alternatives to taking the medication(s)
 - 2.5 Name, type (or class) of medication, dosage, dosage range, frequency of administration, route of administration and duration of each prescribed medication
 - 2.6 Common side effects of the medication(s), including possible additional side effects which may occur beyond three months (long term), and may be potentially irreversible
 - 2.7 If antipsychotic medications are prescribed, notice that antipsychotic medications may cause additional side effects for some persons, including persistent involuntary

movements which are potentially irreversible, and may continue after the antipsychotic medication has been stopped

- 2.8 Any special instructions about taking the medication(s)
3. Prior to treatment with any psychiatric medication the prescriber shall complete the psychiatric medication consent form, and obtain the signed written consent of the adult client or parent/guardian. In urgent situations, a verbal consent with a witness is permitted.
4. The adult client or parent/guardian shall receive information about the consent and the medications(s) in their preferred language
5. The psychiatric medication consent shall include the date of service, prescriber's signature (or electronic equivalent) including name, type of professional degree, and licensure or job title. For medication consents, the date of service is the same as the date the document was entered (submitted) into the medical record; any exceptions shall be documented in progress notes.
6. The prescriber shall document the consent process including the information provided to the adult client or parent/guardian in the electronic health record Medication Consent form and in electronic health record Progress Notes
7. The completed consent form must be permanently filed in the medical record
8. A new consent form must be executed when any new medication(s) is started, or for any changes in route or dosage range
9. A printed copy of the completed psychiatric medication consent form must be provided to the adult client or parent/guardian
10. For CYF, the psychiatric medication consent must be renewed at least yearly, including completing a new consent form
11. For CYF, it is desirable to provide age-appropriate medication information to the client. The client assent signature is desirable but not required
12. For non-urgent psychiatric medication consents for San Francisco Human Services Agency (HSA) Court Dependent children/adolescents, the JV220 and JV220A request for medications to the court must be completed and fully executed (signed by the court) before medications are prescribed

Procedures:

1. Prior to treatment with any psychiatric medication(s), inform the adult client or parent/guardian that they have the right to accept or refuse medication(s), and that they may withdraw consent at any time by notifying you, the prescriber
2. Prior to treatment with any psychiatric medication(s), provide the following information to the adult client or parent/guardians:
 - 2.1 What condition or diagnoses the medication(s) are prescribed to address
 - 2.2 Which symptoms the medication(s) should reduce and how likely the medication(s) will work
 - 2.3 What are the chances of getting better without taking the medication(s)
 - 2.4 Reasonable options or alternatives to taking the medication(s)
 - 2.5 Name, type (or class) of medication, dosage, dosage range, frequency of administration, route of administration and duration of each prescribed medication
 - 2.6 Common side effects of the medication(s), including possible additional side effects which may occur beyond three months (long term), and may be potentially irreversible
 - 2.7 If antipsychotic medications are prescribed, notice that antipsychotic medications may cause additional side effects for some persons, including persistent involuntary

movements which are potentially irreversible, and may continue after the antipsychotic medication has been stopped

- 2.8 Any special instructions about taking the medication(s)
3. Document the consent process including the information provided to the adult client or parent/guardian in the electronic health record progress notes.
4. Instructions for the prescriber completing the Avatar “Medication Consent” form:
 - 4.1 Open Medication Consent form for the client
 - 4.2 If there are previous consents completed, select a consent for “carry forward” of information. If desired, choose to start with a blank consent form by checking the “yes” box in the form.
 - 4.3 The consent date is the current date and cannot be changed
 - 4.4 Select the Program Name
 - 4.5 Document how the adult client or parent/guardian received the medication information, choosing as many methods as apply (oral explanation, printed material, other). For “other”, document in the free text box including if in a non-English language and/or other mediums such as video or consumer portal.
 - 4.6 Enter and/or update the medication name, route of administration, and dosage range for up to five medications
 - 4.7 Choose the Adult Consent or Parent/Guardian Consent type of participation
 - 4.7.1 “Agrees to Sign”
 - 4.7.1.1 Choose this option when electronic signature capture is available and the adult client or parent/guardian agrees to sign
 - 4.7.1.2 Capture the electronic signature of the adult client or parent/guardian
 - 4.7.1.3 For CYF, the minor client’s signature is desirable but not required. To capture a minor client’s signature, click on “Get Signature” in the Client Signature box.
 - 4.7.1.4 Submit the form. The prescriber electronically signs and dates the form when submitting into Avatar
 - 4.7.1.5 Provide a copy of the completed form for the adult client or parent/guardian using the Avatar “Medication Consent Report”
 - 4.7.1.6 A paper copy for the medical record is not necessary, as a permanent record of the fully signed copy is created when the form is submitted by the prescriber
 - 4.7.2 “Unable to Sign”
 - 4.7.2.1 Choose this option when the adult client or parent/guardian is unable to sign. Situations include: when obtaining a verbal consent over the telephone, or the client or parent/guardian is physically unable to sign
 - 4.7.2.2 Document the date of the progress note explaining why there is no signature
 - 4.7.2.3 Capture the signature of a “witness” such as another staff member who confirms the consent of the adult client or parent/guardian
 - 4.7.2.4 Submit the form. The prescriber electronically signs and dates the form when submitting into Avatar
 - 4.7.2.5 Provide a copy of the completed form for the adult client or parent/guardian using the Avatar “Medication Consent Report”
 - 4.7.2.6 If applicable, the prescriber shall complete a new medication consent when the adult client or parent/guardian is able to sign
 - 4.7.3 “Refuses to Sign”
 - 4.7.3.1 This option does not apply for CYF

- 4.7.3.2 For AOA, choose this option when the client consents to treatment however refuses to sign the consent form
- 4.7.3.3 Document the date of the progress note explaining why the client refuses to sign
- 4.7.3.4 Submit the form. The prescriber electronically signs and dates the form when submitting into Avatar
- 4.7.3.5 Provide a copy of the completed form for the adult client using the Avatar “Medication Consent Report”
- 4.7.3.6 Continue to attempt obtaining a signature during future visits
- 4.7.3.7 If the client consents to sign in the future, begin a new form, using “carry forward” of the information
- 4.7.4 “Signature on Paper”
 - 4.7.4.1 Choose this option when electronic signature capture is not available
 - 4.7.4.2 Complete and submit the form. The prescriber electronically signs and dates the form when submitting into Avatar
 - 4.7.4.3 Print a copy of the form using the “Avatar Medication Consent Report”
 - 4.7.4.4 Obtain the signature of the adult client or parent/guardian
 - 4.7.4.5 Provide a copy of the fully signed form to the adult client or parent/guardian
 - 4.7.4.6 File the completed paper form in the client’s medical record
- 4.7.5 For field visits
 - 4.7.5.1 If the medication regimen is known, see “4.7.4 Signature on Paper”
 - 4.7.5.2 If the medication regimen is not yet determined, use the paper version of the form, either the “Informed Consent for Psychiatric Medication(s) - Adult/Older Adult” form (MM05) or “Informed Consent for Psychiatric Medication(s) - CYF” form (MM05-CYF), following instructions on the form
 - 4.7.5.3 Provide a copy of the completed form to the adult client or parent/guardian
 - 4.7.5.4 File the completed paper form in the client’s medical record
 - 4.7.5.5 After the visit, enter the medication consent form information into the Avatar Medication Consent form, choosing the “signature on paper” option. Submit the form.
- 4.7.6 For adult clients with a conservator, chose the Adult Consent. The conservator shall consent in behalf of the client and shall note they are the conservator with their signature.
- 4.7.7 There is no option to add an addendum electronic signature capture at a later date
- 4.8 Track completed medication consent forms using the Avatar Medication Consent Form Widget. The widget lists consents by date order, how the signature was captured, prescriber name and medications
- 4.9 Provide consenting medication information using the client or parent/guardian’s preferred language. If the client or parent/guardian’s preferred language is not English, if available, use the translated psychiatric medication consent form to support the consenting process. For the medical record, use the English version of the form.

Attachments:

- “Informed Consent for Psychiatric Medication(s) - Adult/Older Adult” form (MM05)
- “Informed Consent for Psychiatric Medication(s) - CYF” form (MM05-CYF)

Contact Person:

BHS Chief Medical Officer

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