TYPE: CLINICAL MEDICINE – BEHAVIORAL HEALTH

POLICY: INFORMED CONSENT FOR PSYCHIATRIC TREATMENT

REPLACES: 10/08, 6/11, 8/16

PURPOSE: To ensure that patients are involved in decisions about care, treatment and services that are provided and to allow each patient to participate as fully as possible in decisions about his or her care, treatment or services provided.

PROCEDURE:

A. Definitions: [AR 330.7003(1)(a-d)]

1. Legal Competency: An individual shall be presumed to be legally competent. This presumption may be rebutted only by a court appointment of a guardian or exercise by a court of guardianship powers and only to the extent of the scope and duration of the guardianship. An individual shall be presumed legally competent regarding matters that are not within the scope and authority of the guardianship.

2. Knowledge: To consent, a recipient of legal representative must have basic information about the procedure, risks, and other related consequences, and other relevant information. The standard governing required disclosure by a doctor is what a reasonable patient needs to know in order to make an informed decision. Other relevant information includes all of the following:
   a. The purpose of the procedures.
   b. A description of the attendant discomforts, risks, and benefits that can reasonably be expected.
   c. A disclosure of appropriate alternatives advantageous to the recipient.
   d. An offer to answer further inquiries.

3. Comprehension: An individual must be able to understand what the personal implications of providing consent will be based upon the information provided under subsection (2.) of this subrule.

4. Voluntariness: There shall be free power of choice without the intervention of an element of force, fraud, deceit, duress, overreaching, or other ulterior form of constraint or coercion, including promises or assurances of privileges or freedom. There shall be an instruction that an individual is free to
withdraw consent and to discontinue participation or activity at any time without prejudice to the recipient.

B. Informed consent is a legal obligation, educational process, and communication interchange between patient and mental health professionals. [MHC 300.1100A(17); AR 330.7003(1)(b-d)]

C. Informed consent requires that a patient be able to comprehend and have knowledge of surroundings and that consent is voluntary and of the persons own will. Evaluation of comprehension and ability to give consent shall precede any guardianship hearing. (AR 330.7003)

D. All persons who meet criteria for admission will be assessed to determine if they are capable of giving informed consent for psychiatric treatment. If they are assessed to be capable, they will be allowed to sign a consent specific to psychiatric treatment, giving permission for psychiatric treatment. [AR 330.7003(1)(d)]

E. Patients shall be made aware of their right to withdraw consent at any time without prejudice to the patient/guardian.

F. A legal guardian/durable power of attorney (DPOA) for mental health care may also sign the patient in to the Behavioral Health Center on a voluntary status per Michigan Mental Health Code 330.1415, but not before an evaluation of the patient’s ability to give informed consent.

G. If the patient is assessed to be incapable of giving informed consent, they will either not be admitted or if they meet criteria, an application will be made for involuntary treatment per state requirements.

H. An evaluation of the ability to give informed consent shall precede any guardianship proceedings.

I. Informed consent must be in the medical record and demonstrate that informed consent includes diagnosis, nature/purpose of care provided, feasible alternatives and prognosis if treatment is refused.

J. The patient who provides informed consent shall be aware of the procedures, risks, and other consequences and relevant information. [AR 330.7003(1)(d)]

PROCEDURE:

The procedure for evaluating comprehension and for assuring disclosure of relevant information and measures to ensure voluntariness before obtaining consent is as follows:
A. During the pre-admission assessment, the potential patient will be assessed by an RN, MSW, or MD for capacity of giving informed consent. A person is able to give consent if the following three conditions exist:

1. The person is oriented to person.
2. The person does understand that he/she is at a hospital to be admitted for treatment.
3. The person does understand that the reason he/she is being admitted to the hospital is for treatment of a psychiatric condition.

B. If all of the three above conditions exist, then the person is capable of giving informed consent. If the person meets admission criteria, they may sign in for voluntary psychiatric treatment. [AR 330.7003(2)]

C. If patient consents in writing and family members agree that psychiatric treatment is needed, they will be encouraged to co-sign the admission consent form for psychiatric treatment, whether the patient is being admitted voluntarily or if patients lacks ability to consent implement the Michigan Mental Health Code Section 423-450; 330.1498.

D. Consent forms and other legal forms (e.g. durable power of attorney, guardianship papers, etc.) will become part of the patient’s medical record regardless of legal status.

4.0 CROSS REFERENCE AND LEGAL AUTHORITY: - RELEVANT TO CONSENT


B. PUBLIC ACT 397 - 423.506 - BULLARD-PLAWECKI EMPLOYEE RIGHT TO KNOW ACT

C. MICHIGAN DEPARTMENT OF COMMUNITY HEALTH ADMINISTRATIVE RULES 7003(2)
WRITTEN BY: Deanna Murray, Program Director  
Date: June 28, 2011

APPROVED BY: Dr. Paul Sorgi, Medical Director  
Date: Sep. 4, 2015

REVIEWED BY: Jessica Jannetta, RN-BC, Nurse Manager BHC  
Date: Sep. 4, 2015

REVISED/REVIEWED BY: Stephanie Spray, Recipient Rights Officer  
Date: May 8, 2015

APPROVED BY: Marla Bunker RN BSN MBA, Vice President Nursing/Operations  
Date: June 1, 2015

APPROVED BY: Dr Ralph Duman/Medical Executive Committee  
Date: July 26, 2015

REVIEWED BY: Corinna Haller, Director of Nursing/Paul Sorgi, Program Director  
Date: July 5, 2016

APPROVED BY: Marla Bunker RN BSN MBA, VP Nursing/Ops  
Date: July 7, 2016

APPROVED BY: Dr. McCullough for Medical Executive Committee  
Date: Aug. 1, 2016

REVISED/UPDATED BY: Allison NM Campbell, Recipient Rights Officer  
Date: Nov. 14th, 2016

REVIEWED BY: Corinna Haller, Director of Nursing  
Date: Dec. 12, 2016

REVISED/UPDATED BY: Recipient Rights Advisory Committee  
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