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<b>Informed Consent for Medical, Dental and Mental Health Care</b>	<b>ACA Standards: 2-CO-4E-01, 5-ACI-6A-28M, 5-ACI-6C-04M, 4-ACRS-4C-19</b>		
<b>Scott Crow, Director Oklahoma Department of Corrections</b>	<b>Signature on File</b>		

## **Informed Consent for Medical, Dental and Mental Health Care**

### I. Purpose and Overview (2-CO-4E-01, 5-ACI-6A-28M b#7, 5-ACI-6C-04M, 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 health care 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 themselves for services.

#### B. Emergency Treatments

A 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, lifesaving treatments can be withheld. Otherwise, if an inmate presents in distress, the consent to receive treatment is implied.

C. Informed Consent (5-ACI-6A-28M b#7, 5-ACI-6C-04M, 4-ACRS-4C-19)

Informed consent is the voluntary consent to an invasive treatment, procedure, or medication therapy 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, procedure, or medication therapy. Types of invasive medical treatment, procedures or medication therapy include, but are not limited to: incision and drainage; skin removal, including biopsy; cauterization; all major and minor surgical procedures; procedures in which there is a probability of major adverse risks; all invasive dental procedures; neuroleptic medication(s); and controlled drug substance(s).

1. Prior to the initiation of any invasive treatment, procedure involving risk to the individual's life or health status, or medication therapy, the appropriate health care provider will explain the invasive treatment, procedure or medication therapy as well as alternatives and risk to the inmate.
2. The inmate will sign a "Consent for Medical and Mental Health Treatment" form ([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 "Informed Consent (Neuroleptics)" form ([DOC 140701C](#), attached). For controlled drug substances, the inmate will sign the "Consent for Pain Treatment with Controlled Substances Inmate Agreement" form ([DOC 140701E](#), attached). For dental procedures, the inmate will sign the "Consent for Dental Treatment" form ([DOC 140701F](#), attached). If a specialized consent form is used, it will require the approval of the chief medical officer or designee. "Informed Consent for Telemedicine Service", ([DOC 140701D](#), attached) will be in accordance with [OP-140121](#) entitled "Outside Providers for Health Care Management."

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. A health care provider, RN/LPN or qualified mental health professional (QMHP) will sign the appropriate consent form: "Informed Consent (Neuroleptics)" ([DOC 140701C](#), attached) or "Informed Consent for Telemedicine Services" ([DOC 140701D](#), attached) as a witness to the consent. The "Consent for Pain Treatment with Controlled Substances Inmate Agreement" ([DOC 140701E](#), attached) form will be signed by the health care provider.

4. The health care provider will sign the “Consent for Medical and Mental Health Treatment” form ([DOC 140701A](#), attached) indicating that the information sufficient to provide informed consent was given to the inmate.
5. The completed appropriate consent form, “Consent for Medical and Mental Health Treatment” ([DOC 140701A](#), attached), “Consent for Pain Treatment with Controlled Substances Inmate Agreement” ([DOC 140701E](#), attached), “Informed Consent (Neuroleptics)” ([DOC 140701C](#), attached), “Consent for Dental Treatment” ([DOC 140701F](#), attached), and “Informed Consent for Telemedicine Services” ([DOC 140701D](#), attached) 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 Health Care.”

D. Involuntary Medication/Treatment

Inmates committed to the Oklahoma Department of Corrections (ODOC) are certified as adults and have the rights and responsibilities of an adult pursuant to the law and 10A § 2-5-204. 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.

II. Controlled Drug Substances

The purpose of the “Consent for Pain Treatment with Controlled Substances Inmate Agreement” form ([DOC 140701E](#), attached) is to create an understanding regarding controlled substances that are regulated by the state and federal government. The “Consent for Pain Treatment with Controlled Substances Inmate Agreement” form ([DOC 140701E](#), attached) contains statements to help ensure the inmate understands the risks and benefits of the prescribed controlled substances and the conditions in which the controlled substances can be terminated.

III. Vaccination Consents (5-ACI-6C-04M, 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:

<https://www.cdc.gov/vaccines/hcp/vis/current-vis.html> and

<https://covid19.ncdhhs.gov/vaccines/covid-19-vaccines-safety-fact-sheets>

A. Vaccine Administration Consent and Refusal

1. A health care provider or RN/LPN will check the appropriate vaccine(s) on the "Vaccine Administration Consent/Waiver 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 health care provider or RN/LPN will answer questions and address concerns.
2. The inmate will check the appropriate box on the "Vaccine Administration Consent/Waiver Form" ([DOC 140701B](#), attached) consenting or waiving the vaccine(s). The inmate will sign the "Vaccine Administration Consent/Waiver" form ([DOC 140701B](#), attached) prior to administration of the vaccine.
3. A health care provider or RN/LPN will sign the "Vaccine Administration Consent/Waiver Form" ([DOC 140701B](#), attached) 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.

IV. References

Policy Statement P-140100 entitled "Inmate Medical, Mental Health and Dental Care"

OP-140117 entitled "Access to Health 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"

10A § 2-5-204

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

CDC, National Immunization Program, Vaccine Information Statements (VIS) accessed August 6, 2021 at:

<https://www.cdc.gov/vaccines/hcp/vis/current-vis.html>

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/>

V. Action

The chief medical officer and medical services manager is responsible for compliance with this procedure.

The chief medical officer is responsible for the annual review and revisions.

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

This procedure is effective as indicated.

Replaced: OP-140701 entitled "Informed Consent for Medical, Dental and Mental Health Care" dated December 3, 2020

Distribution: Policy and Operations Manual  
Agency Website

<u>Referenced Forms</u>	<u>Title</u>	<u>Location</u>
<a href="#">DOC 140701A</a>	"Consent for Medical and Mental Health Treatment"	Attached
<a href="#">DOC 140701B</a>	"Vaccine Administration Consent/Waiver Form"	Attached
<a href="#">DOC 140701C</a>	"Informed Consent (Neuroleptics)"	Attached
<a href="#">DOC 140701D</a>	"Informed Consent for Telemedicine Services"	Attached
<a href="#">DOC 140701E</a>	"Consent for Pain Treatment with Controlled Substances: Inmate Agreement"	Attached
<a href="#">DOC 140701F</a>	"Consent for Dental Treatment"	Attached
<a href="#">DOC 140117D</a>	"Waiver of Treatment/Evaluation"	<a href="#">OP-140117</a>