Policy Number	500
Policy Title	Consent for Psychiatric Medications
References	California Code of Regulations Title 9, Section 850-857 Welfare and Institutions Code Sections 5325, 5326.2, 5326.3, 5326.5, 5327, 5332, 5350 and 369.5
Form	Medication Consent form
Effective	REVISED: SEPTEMBER 21, 2004 REVISED: APRIL 11, 2006 REVISED: MARCH 1, 2010 REVISED: JUNE 23, 2016 REVISED: October 12, 2018

Policy

It is the policy of the Monterey County Behavioral Health (MCBH) that all patients and/or their representatives be provided with information about informed consent pertaining to medication support services. All patients who receive a medication evaluation and/or who receive medication prescription must be informed of risks and benefits of taking a medication, understanding of possible side effects, alternate treatments, and risk of no use. Consent is voluntary and can be withdrawn at any time. Consent for medication must be given by the patient or and/or their representatives in writing. The right to give informed consent resides with the conservators for those patients who are LPS conservatees.

Appropriate laboratory tests to obtain baselines prior to continued use of psychiatric medications and monitoring of blood levels shall be obtained, as clinically indicated and in accordance with prescribing guidelines. This policy and procedure is not intended to prohibit a physician from taking appropriate action in an urgent situation or emergency situation.

Medication Support Services Staffing

The following may be comprised of MCBH staff or those whom have entered into a contract with MCBH to provide medication support services. Services may be provided in the in person or via telemedicine.

- Physician
- Registered Nurse
- Licensed Vocational Nurse
- Psychiatric Technician
- Pharmacist
- Physician Assistant
- Nurse Practitioner

Procedure

1. Only those staff members whose scope includes and who maintain a current and valid licensed to prescribe, administer or dispense medicines are authorized to do so.

2. Patients must be given information to make an informed decision about their medication support services. Informed consent from the patient and/or legal representative shall be acquired prior to the administration of medication prescribed. Such patients shall be treated with psychiatric medications only after having been informed of his or her right to accept or refuse such medications and having consented to the administration of such medication.

3. The following things must be reviewed with the told to the patient and/or their representative regarding the medication:

    - The patient has the right to accept or refuse medicines at any time;
    - The nature of the mental condition for which the medicine is recommended;
    - The name(s) of the medicine(s);
    - Why the medicine is prescribed;
    - The likelihood of improvement or non-improvement without the medicine;
    - What other treatment, if any, is available;
    - The dose, frequency, route of administration and duration of treatment;
    - The common side effects of the medicine and any side effects likely to occur with the particular patient;
    - The consent, if given, may be withdrawn at any time

4. A medication consent must be obtained for all medications prescribed. Medication consent shall be signed by the patient and/or their legal representative or for patients who are minors, a parent or legal guardian shall sign the medication consent. Medication consents must be signed prior to starting/prescribing of medication. For changes to continuing medications, a new medication consent shall be signed whenever there are changes to the minimum and maximum dose range previously agreed upon by the client.

5. In the event that the patient has been shown but does not wish to sign the written consent form, it shall be sufficient to maintain the unsigned form in the patient's health records with proper documentation. Documentation that while the patient understands the nature and effect of psychiatric medications and consents to the administration of such medications, the patient does not desire to sign a written consent form. Documentation of such shall be included on the consent form and/or the progress note.

6. The refusal to consent to the administration of psychiatric medications shall not in itself constitute grounds for initiating an involuntary commitment.

7. At no time is it permissible to prescribe or administer psychiatric medication without the consent of the patient and/or their legal representative.

8. The patient shall be offered a copy of the signed consent for medication.

9. Educational information on side effects associated with the prescribed psychiatric medication will be provided to the patient at the time of consent. Including information of the possible development of Tardive Dyskinesia for antipsychotic medications, a description of that disorder, its potential irreversibility and that the disorder may appear after the medication is discontinued.

Documentation

The medication consent form used to capture the informed consent discussion is required under this policy; however, practitioners are cautioned to use best practice guidelines which indicates that Physicians, Nurse Practitioners, and Physician Assistants document the informed consent discussion in their progress notes. Documentation of informed consent within the progress note should include:

a) Language in which service was provided
b) Date of Consent
c) Name of Medication
d) Nature of the person's condition the medication aims to treat
e) Minimum and maximum dosage
f) Frequency
g) Discussion of any aspects that pose a particular risk or offer a particular benefit to the specific patient being treated
h) Indicate whether information on side effects of medication were discussed with patient.
i) Notations by psychiatrist, as applicable
j) Patient's signature or legal representative
k) Reasons for inability to obtain a signature or refusal by patient and/or legal representative to sign the form, along with the plan/efforts to obtain the signature(s)
l) Date of patient or legal representative's signature
m) Legal representative's relationship to patient, when applicable
n) Prescriber's unique identification number (as noted earlier, this will serve as prescriber's signature)
o) Date signed by prescriber
p) If unable or unwilling to sign:
    a. Documentation that while the patient and/or patient's legal representative understands the nature and effect of psychiatric medications and consents to the administration of such medications, the patient does not desire to sign a written consent form. Documentation of such shall be included on the consent form and/or the progress note.
q) Indicate if patient and/or representative was provided with a copy of the consent
r) In the event of patient and/or legal representative's refusal of medication:
    a. Document the reasons for refusal of medication and evidence that information about risks associated with the refusal was discussed with the patient and/or legal representative.

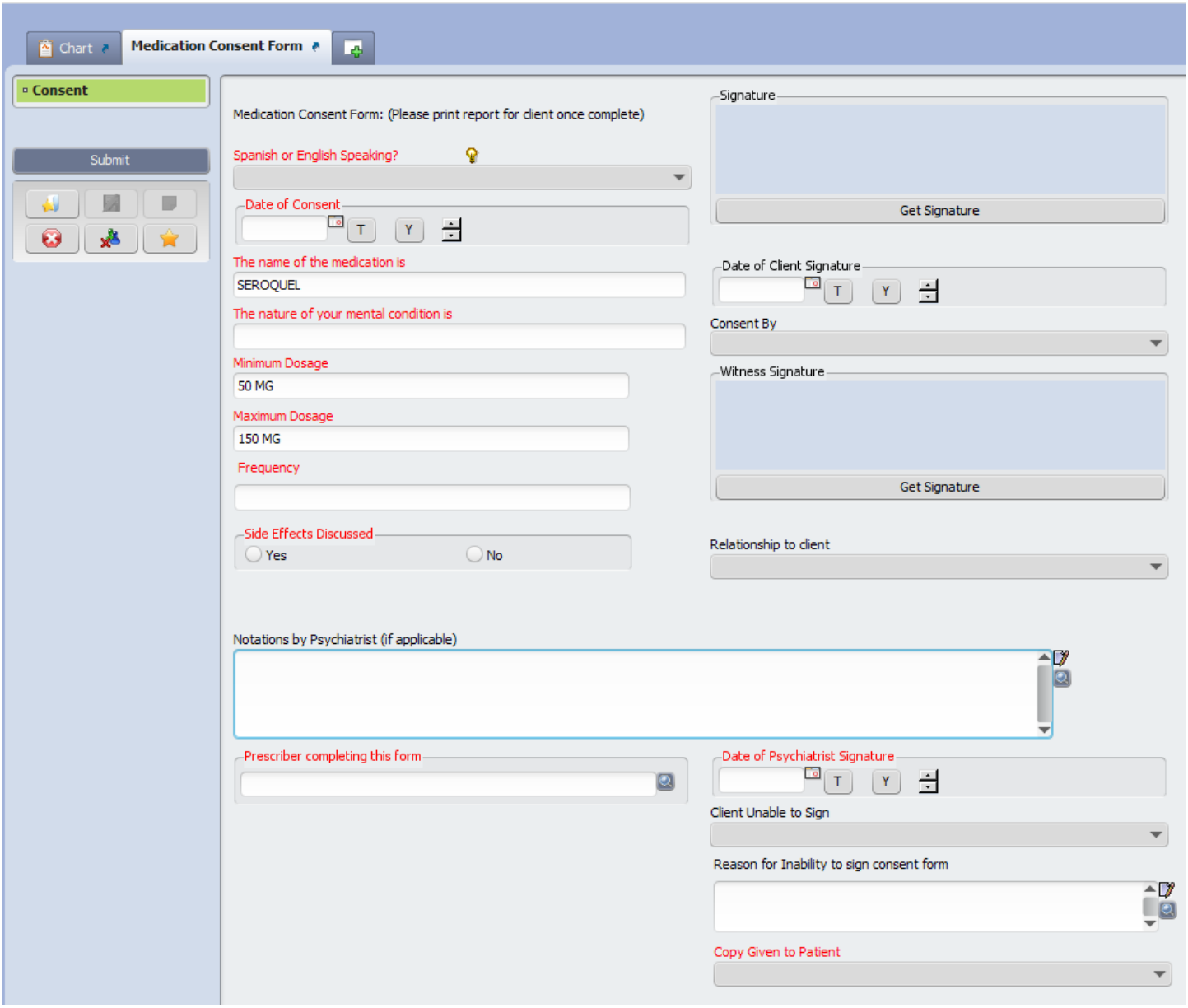
Chart
Medication Consent Form
Consent
Submit
Medication Consent Form: (Please print report for client once complete)
Spanish or English Speaking?
Date of Consent
T
Y
The name of the medication is
SEROQUEL
The nature of your mental condition is
Minimum Dosage
50 MG
Maximum Dosage
150 MG
Frequency
Side Effects Discussed
Yes
No
Signature
Get Signature
Date of Client Signature
T
Y
Consent By
Witness Signature
Get Signature
Relationship to client
Notations by Psychiatrist (if applicable)
Prescriber completing this form
Date of Psychiatrist Signature
T
Y
Client Unable to Sign
Reason for Inability to sign consent form
Copy Given to Patient