Health Care Agency **Mental Health and** **Recovery Services** **Policies and Procedures**	Section Name: Sub Section: Section Number: Policy Status:	Client's Rights Consents 02.04.02 ☐New ☒Revised

	SIGNATURE	DATE APPROVED
Director of Operations Mental Health and Recovery Services	Signature on File	2/22/2023

SUBJECT:	Psychiatric Medication Consent Forms

PURPOSE:

To provide clinical policy guidelines for obtaining the beneficiary/client's informed consent to receive psychotropic medications.

POLICY:

All Mental Health and Recovery Services (MHRS) County and County Contracted providers who treat beneficiaries/clients will obtain consent to the administration of psychotropic medication.

SCOPE:

This policy applies to all divisions of MHRS and its County and County Contracted providers.

REFERENCES:

Title IX Section 851

California W & I Code 369.5 (Amended by Senate Bill 543)

Mental Health & Substance Use Disorder Services (MHSUDS Information Notice NO.: 17-040)

FORMS:

Psychiatric Medication Consent (F-346-7921 Revised 3/19) - Available in Threshold languages

Application and Order for Authorization to Administer Psychotropic Medication-Juvenile, Form JV-220

PROCEDURE:

I. The prescribing physician must document a review of medication(s) with the beneficiary/client or the beneficiary/client's parent or legal guardian when:

A. A new medication is prescribed.

B. The beneficiary/client resumes taking medication following documented withdrawal of consent for treatment; or

C. If the dosage range is changed after the beneficiary/client or their parent or legal guardian signed, then a new Psychiatric Medication Consent form is required.

II. A corresponding progress note of the review of the Psychiatric Medication Consent form shall be recorded in the beneficiary/client electronic health record (EHR) or chart.

III. A voluntary beneficiary/client shall be treated with psychotropic medications only after such person has been informed of his or her right to accept or refuse such medications and has consented to the administration of such medications. Documentation of agreement, refusal or oral consent by the beneficiary/client or their parent or legal guardian should be noted in the progress note.

IV. The absence of a Psychiatric Medication Consent form, when identified through audit activities or otherwise, will require that a Psychiatric Medication Consent Form be completed as soon as possible.

V. These forms shall be chronologically filed in the beneficiary/client's clinical record in the Medication Consent folder of the EHR.

VI. The Psychiatric Medication Consent issued by MHRS shall be used by all providers, county and county contracted agencies. Information to be provided to the beneficiary/client or legal guardian shall include:

A. An explanation of the nature of the beneficiary/client's mental condition and of the proposed treatment;

B. The reasons for taking such medication, including the likelihood of improving or not improving without such medication, and that consent, once given, may be withdrawn at any time by stating such intention to any member of the treating staff;

1. If Psychiatric Medication Consent is withdrawn to a non-physician team member:

a) Team member must document in the beneficiary/client's EHR or medical record that the Psychiatric Medication Consent has been withdrawn and document the date, medication name and reason for withdrawal, if provided.

b) Team member must notify the prescribing Physician or treating Physician Assistants and Nurse Practitioners of the withdrawal of Psychiatric Medication Consent.

C. The reasonable alternative treatments available, if any;

D. The type, range of frequency, and amount (including use of PRN orders), method (oral or injection), and duration of taking the medications;

1. Duration of taking the medication must indicate a specific end time. It is recommended that the Psychiatric Medication Consent duration should not exceed 3 years, and a new Psychiatric Medication Consent form should be completed once the duration has lapsed.

E. The probable side effects of these drugs known to commonly occur, and any particular side effects likely to occur with the particular beneficiary/client;

F. The possible additional side effects which may occur to beneficiaries/clients taking such medications beyond three months. The beneficiary/client shall be advised that such side effects may include persistent involuntary movement of the hands and feet, and that these symptoms of tardive dyskinesia are potentially irreversible and may appear after medications have been discontinued.

G. Special instructions regarding food, drink, or lifestyles.

H. The beneficiary/client will be given information about the recommended medication and the Psychiatric Medication Consent form will indicate how the information was provided to the beneficiary/client. The beneficiary/client must be provided with sufficient information by the physician prescribing such medications (in the beneficiary/client's native language, if possible).

a) The beneficiary/client may be given written information about the medication. An example of suitable written information is available at http://www.drugs.com.

b) Another source of information (particularly in languages other than English) may be found on the MedlinePlus web site at http://www.nlm.nih.gov/medlineplus/druginformation.html. The information on this site is a service of the U.S. National Library of Medicine and the National Institutes of Medicine.

I. A copy of the completed and signed Psychiatric Medication Consent form will be offered and on request given to the beneficiary/client and/or guardian

VII. The "Application and Order for Authorization to Administer Psychotropic Medication - Juvenile, Form JV-220" issued by Juvenile Court must be used when applicable.

A. Additional Requirements for court forms (JV-217 through JV-224) which do not currently include all of the required components for informed consent to medication(s).

1. The method of administration (oral or injection) for each medication must be documented in the medical record.

2. The side effects (if the child were to take the medication for more than three months) may be documented in the beneficiary/client's medical record or may be included in written information about the medication which is provided to the beneficiary/client's or the beneficiary/client's legal representative.