

OREGON DEPARTMENT OF CORRECTIONS
Operations Division
Health Services Section Policy and Procedure #P-I-05

SUBJECT: INFORMED CONSENT

POLICY: Inmates shall have the opportunity to evaluate knowledgeably the options available and the attendant risks of interventions recommended for the diagnosis and treatment of conditions effecting health status. The health care provider is obligated to provide information sufficient for an inmate to make an informed decision to consent or refuse the recommended health care intervention. Written informed consent shall be obtained from an inmate prior to any invasive health care procedure with major adverse health risks. Exceptions to the provisions of informed consent are life-threatening conditions that require immediate medical intervention to prevent certain death or serious permanent impairment, emergency care of inmates who do not have the mental capacity to understand the information to make an informed decision, and certain public health matters.

REFERENCE: ORS 677.097
OAR 291-124-080(2)
NCCHC Standard P-I-05

PROCEDURE:

- A. An inmate with a health condition that requires diagnostic evaluation or prescribed treatment shall be provided with an explanation by the prescribing practitioner:
- About the procedure or treatment to be undertaken.
 - If there are any alternative procedures or methods of treatment.
 - If there are any risks to the prescribed procedure or treatment.
 - The prognosis if the proposed treatment is not undertaken.
- B. The inmate will be asked if further explanation of the recommended prescribed treatment or diagnostic evaluation is required. If not, the recommended treatment or evaluation is prescribed.
- C. If the inmate requests, a more detailed explanation shall be provided to include details of the recommended procedure or treatment, the viable alternatives, and any material risks to the recommended procedure or treatment.
- D. The process for receiving consent from an inmate is documented in the health care record.

Informed Consent

- E. The treatment consent form will be completed and signed by the inmate for the following procedures:
1. Incision and drainage
 2. Skin removal, including biopsy
 3. Cauterization
 4. Allergy shots
 5. Contraception methods/prescription
 6. All major and minor surgical procedures
 7. Immunizations
 8. Psychotropic/neuroleptic medication
 9. Articular injections
 10. Other procedures in which there is a probability of major adverse risks.
 11. All invasive dental procedures
- F. The prescribing provider shall also sign the treatment consent form indicating that information sufficient to provide informed consent was given to the inmate.
- G. The completed treatment consent form is placed in the Consents section of the health care record.
- H. The inmate's informed consent is not required in the following circumstances:
1. A life-threatening emergency that requires immediate medical intervention to prevent certain death or serious permanent impairment.
 2. Emergency care of an inmate who does not have the mental capacity to provide informed consent and for whom there is not sufficient time to obtain a court order.
 3. When there is a court order to provide the medical treatment or procedure.
 4. Informed consent given by a legal guardian.
- In the situations described above where informed consent is not obtained, all aspects of the inmate's medical condition and reasons for medical intervention are to be documented in the progress notes of the inmate's health care record.
- I. Staff are to follow the Administrative Rules specific to Informed Consent to Treatment with Psychotropic Medication (OAR 291-65-010 to 291-65-140).

Effective Date: _____
Revision date: November 2006
Supersedes P&P dated: April 2005

Oregon Department of Corrections

IMPORTANT

Sign only in one place after carefully reading entire form.

PATIENT INFORMED CONSENT / REFUSAL

On _____, _____ has explained to me in a way
(Date) (Name of provider)
that I understand:

1. The general treatment or procedure to be undertaken: _____

2. There may be other procedures or methods of treatment; and

3. There are risks to the procedure or treatment proposed.

My provider has also asked if I want a more detailed explanation; but I am satisfied with the explanation and do not want any more information. I give my permission and consent to the treatment or procedure.

_____ X _____
(DATE) (PATIENT'S SIGNATURE)

SIGN IN THIS BOX ONLY IF YOU REQUESTED AND RECEIVED MORE DETAILED INFORMATION

After explanation of the procedure or treatment, other alternative procedures or methods of treatment and information about the material risks of the procedure or treatment, I **give my permission and consent** to the procedure or treatment.

_____ X _____
(DATE) (PATIENT'S SIGNATURE)

SIGN IN THIS BOX ONLY IF YOU REFUSE THIS TREATMENT OR PROCEDURE

After explanation of the procedure or treatment, other alternative procedures or methods of treatment and information about the material risks of the procedure or treatment, I **do NOT give permission and consent** to the procedure or treatment.

_____ X _____
(DATE) (PATIENT'S SIGNATURE)

Explained by me and signed in my presence:

_____ (PROVIDER) _____ (DATE)

_____ (WITNESS) _____ (DATE)

Name: _____
SID#: _____
DOB: _____