



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS

APPLICABILITY
PRISON
OFFENDER/SPANISH MANUALS

REVISION DATE
DRAFT
10/20

PAGE NUMBER
1 of 7

NUMBER
DOC 610.010

POLICY

TITLE
PATIENT CONSENT FOR HEALTH CARE

REVIEW/REVISION HISTORY:

- Effective: 5/30/00
- Revised: 5/31/04
- Revised: 10/30/06
- Revised: 11/3/08 AB 08-031
- Revised: 3/24/09
- Revised: 7/11/11
- Revised: 2/10/14
- Revised: 12/24/15
- Revised: DRAFT

SUMMARY OF REVISION/REVIEW:

Major changes to include title and terminology throughout. Read carefully!

APPROVED:

SARA S. KARIKO, MD
Chief Medical Officer

Date Signed

DAN JOHNSON, MBA
Assistant Secretary for Health Services

Date Signed

STEPHEN SINCLAIR, Secretary
Department of Corrections

Date Signed

 <p>STATE OF WASHINGTON DEPARTMENT OF CORRECTIONS</p> <p>POLICY</p>	APPLICABILITY PRISON OFFENDER/SPANISH MANUALS		
	REVISION DATE DRAFT 10/20	PAGE NUMBER 2 of 7	NUMBER DOC 610.010
	TITLE PATIENT CONSENT FOR HEALTH CARE		

REFERENCES:

DOC 100.100 is hereby incorporated into this policy; [RCW 7.70](#); [RCW 71.34.500](#); [RCW 71.34.530](#); [DOC 570.000 Sex Offender Treatment and Assessment Programs](#); [DOC 580.000 Substance Use Disorder Treatment Services](#); [DOC 620.020 Non-Consensual Blood Draws](#); [DOC 620.100 Force Feeding of Offenders](#); [DOC 630.500 Mental Health Services](#); [DOC 630.540 Involuntary Antipsychotic Administration](#); [DOC 630.550 Suicide Prevention and Response](#); [DOC 670.000 Communicable Disease, Infection Prevention, and Immunization Program](#)

POLICY:

- I. The Department will provide patients or surrogate decision makers with the information they need to make informed decisions regarding the acceptance or refusal of Department-provided medical/mental health care, including treatment services.

DIRECTIVE:

- I. General Requirements
 - A. Before initiating services, the health care provider ordering the service will obtain the informed consent of the patient/surrogate decision maker and ensure the following information has been provided in a manner that could reasonably be understood:
 1. Provider's recommendation and reasons for treatment, including assessments, evaluations, and/or tests,
 2. Nature and character of the proposed treatment, including photographs and/or video recordings required for a diagnostic/therapeutic procedure,
 3. The anticipated results of the proposed treatment,
 4. Recognized possible alternative forms of treatment, and
 5. Recognized potential risks, complications, and anticipated benefits involved and for any alternative forms of treatment, including non-treatment.
 - B. Health care providers who want to use the shared decision making process will refer to the requirements per RCW 7.70 and consult with their clinical supervisor.
- II. Obtaining Informed Consent



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS

APPLICABILITY
PRISON
OFFENDER/SPANISH MANUALS

REVISION DATE
DRAFT
10/20

PAGE NUMBER
3 of 7

NUMBER
DOC 610.010

POLICY

TITLE
PATIENT CONSENT FOR HEALTH CARE

- A. Patients must be competent in order to provide informed consent.
 - 1. For the purposes of giving consent, a patient is not competent if they:
 - a. Cannot comprehend or appreciate the risks and benefits associated with the proposed service, as determined by a health care provider.
 - b. Have a relevant and current Advance Directive or court order.
 - c. Have a guardian of person/ad litem.
 - 2. A patient who is not competent will not be allowed to accept/refuse care.
- B. When a health care provider determines a patient is not competent to consent:
 - 1. An evaluation will be completed and placed in the legal section of the health record, with a copy forwarded to the Chief Medical Officer/Director of Mental Health/designee, as appropriate. The evaluation will identify any barriers, including:
 - a. Communication skills,
 - b. Mental illness,
 - c. Developmental disability,
 - d. Senility,
 - e. Habitual/excessive drug/alcohol use, or
 - f. Other physical or mental disorder affecting decision making ability.
 - 2. An authorized person as defined in RCW 7.70.065 may provide informed consent on behalf of the patient.
 - a. Employees/contract staff will not be an authorized person.
 - b. Authorized persons will not consent to:
 - 1) Sterilization,
 - 2) Antipsychotic medications,
 - 3) Psychosurgery, or
 - 4) Electroconvulsive therapy.
- C. For patients who are unable to provide informed consent for an extended period of time or do not have an authorized person, the Chief Medical Officer/Chief of Dentistry/Director of Mental Health/designee, in consultation with appropriate employees/contract staff, will determine the appropriate assistance (e.g., court order, guardianship for health care decisions).

 <p>STATE OF WASHINGTON DEPARTMENT OF CORRECTIONS</p> <p>POLICY</p>	APPLICABILITY PRISON OFFENDER/SPANISH MANUALS		
	REVISION DATE DRAFT 10/20	PAGE NUMBER 4 of 7	NUMBER DOC 610.010
	TITLE PATIENT CONSENT FOR HEALTH CARE		

1. Health care providers will obtain immediate approval from the Chief Medical Officer/Chief of Dentistry/Director of Mental Health/designee if delaying services, including medications, might put the patient or others at imminent risk.
 - a. If unable to obtain immediate approval, the health care provider will provide necessary evaluation and care in the patient's best interest and notify the Chief Medical Officer/Chief of Dentistry/Director of Mental Health/designee as soon as possible.

III. Documenting Informed Consent

- A. Verbal informed consent will be documented in the health/clinical record. Providers will obtain verbal consent for low risk treatments/assessments, including:
 1. Blood tests,
 2. Routine x-rays,
 3. Electrocardiograms,
 4. Over the Counter/low risk prescription medications,
 5. Dental cleaning, and
 6. Supportive therapy.
- B. Written informed consent is required for and will be documented as follows:
 1. Procedures/treatments that pose substantial risk to the patient, including prescriptions, using DOC 13-250 Consent to Surgical or Other Procedure, including:
 - a. In-clinic procedures (e.g., incision and drainage, debridement, biopsy),
 - b. Incisions below the dermal layer,
 - c. Chemotherapy for malignancy,
 - d. Administration of intravenous contrast dye,
 - e. Antiviral therapy, and
 - f. Most invasive procedures.
 2. Gender-affirming hormonal treatment using DOC 13-521 Consent for Hormone Treatment for Gender Dysphoria and/or Transgender Identification.
 3. Hepatitis C treatment using DOC 13-357 Hepatitis C Treatment Consent.



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS

POLICY

APPLICABILITY
PRISON
OFFENDER/SPANISH MANUALS

REVISION DATE
DRAFT
10/20

PAGE NUMBER
5 of 7

NUMBER
DOC 610.010

TITLE
PATIENT CONSENT FOR HEALTH CARE

4. Dental extraction and root canal treatment using DOC 13-339 Consent for Dental/Oral Surgery.
 5. Mental health treatment, including developing a treatment plan, per DOC 630.500 Mental Health Services using DOC 13-386 Consent for Evaluation and Initiation of Mental Health Treatment.
 6. Sex offense treatment per DOC 570.000 Sex Offender Treatment and Assessment Programs using:
 - a. DOC 02-330 Sex Offender Treatment Program Rules of Confidentiality and Informed Consent, and
 - b. DOC 02-402 Community Sex Offender Treatment and Assessment Programs Informed Consent for Community Treatment.
 7. Substance use disorder treatment per DOC 580.000 Substance Use Disorder Treatment Services using DOC 14-039 Substance Use Disorder Treatment Participation Requirements.
 8. Initiating clinical and/or forensic psychological or risk assessment evaluations. Consent will be documented in the evaluation or health record.
- C. Consent may be offered, but is not required for:
1. Compliance with a court order, statute, or case law.
 2. Care delivered per DOC 620.100 Force Feeding of Offenders.
 3. Treatment of a self-inflicted injury or disease, when failure to intervene poses a risk of significant harm.
 4. Prevention of self-injury or death per DOC 630.550 Suicide Prevention and Response.
 5. A blood draw per DOC 620.020 Non-Consensual Blood Draws.
 6. Administration of antipsychotic medication per DOC 630.540 Involuntary Antipsychotic Administration, including evaluation conducted before the hearing.

 <p>STATE OF WASHINGTON DEPARTMENT OF CORRECTIONS</p> <p>POLICY</p>	APPLICABILITY PRISON OFFENDER/SPANISH MANUALS		
	REVISION DATE DRAFT 10/20	PAGE NUMBER 6 of 7	NUMBER DOC 610.010
	TITLE PATIENT CONSENT FOR HEALTH CARE		

7. Care for mentally ill patients, when a reasonable health care provider would conclude that delaying mental health treatment, including medications, might put the patient or others at imminent risk.

D. The health care provider will document if the patient chooses not to be informed.

IV. Refusal of Services

A. Except for services provided by the Substance Abuse Recovery Unit (SARU) or Sex Offender Treatment and Assessment Program (SOTAP), if the patient refuses health care that was recommended or previously consented to and requires written consent, health services employees/contract staff will document the refusal on DOC 13-435 Primary Encounter Report and forward the patient's health record to the primary care health care provider for review. The health care provider may:

1. Schedule an appointment to discuss the refusal, health consequences, and alternatives,
2. Complete DOC 13-048 Refusal of Medical, Dental, Mental Health, and/or Surgical Treatment, and
3. Document the refusal on DOC 13-435 Primary Encounter Report.

B. For services provided by SARU/SOTAP, refusal will be documented as applicable:

1. DOC 02-330 Sex Offender Treatment Program Rules of Confidentiality and Informed Consent
2. DOC 02-402 Community Sex Offender Treatment and Assessment Programs Informed Consent for Community Treatment
3. DOC 14-039 Substance Use Disorder Treatment Participation Requirements

C. If the health care practitioner/designee determines the patient has a communicable disease that may pose a threat to others, the patient may be isolated per DOC 670.000 Communicable Disease, Infection Prevention, and Immunization Program.

DEFINITIONS:

 <p>STATE OF WASHINGTON DEPARTMENT OF CORRECTIONS</p> <p>POLICY</p>	APPLICABILITY PRISON OFFENDER/SPANISH MANUALS		
	REVISION DATE DRAFT 10/20	PAGE NUMBER 7 of 7	NUMBER DOC 610.010
	TITLE PATIENT CONSENT FOR HEALTH CARE		

The following words/terms are important to this policy and are defined in the glossary section of the Policy Manual: Health Care Practitioner, Health Care Provider, Informed Consent. Other words/terms appearing in this policy may also be defined in the glossary.

ATTACHMENTS:

None

DOC FORMS:

[DOC 02-330 Sex Offender Treatment Program Rules of Confidentiality and Informed Consent](#)

[DOC 02-402 Community Sex Offender Treatment and Assessment Programs Informed Consent for Community Treatment](#)

[DOC 13-048 Refusal of Medical, Dental, Mental Health, and/or Surgical Treatment](#)

[DOC 13-250 Consent to Surgical or Other Procedure](#)

[DOC 13-339 Consent for Dental/Oral Surgery](#)

[DOC 13-357 Hepatitis C Treatment Consent](#)

[DOC 13-386 Consent for Evaluation and Initiation of Mental Health Treatment](#)

[DOC 13-435 Primary Encounter Report](#)

[DOC 13-521 Consent for Hormone Treatment for Gender Dysphoria and/or Transgender Identification](#)

[DOC 14-039 Substance Use Disorder Treatment Participation Requirements](#)