



STATE OF WASHINGTON  
DEPARTMENT OF CORRECTIONS

APPLICABILITY  
**PRISON**  
FACILITY/SPANISH MANUALS

REVISION DATE  
5/17/22

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: 1/11/21
- Revised: 5/17/22

**SUMMARY OF REVISION/REVIEW:**

III.B.6.a. and IV.A. - Adjusted language for clarification  
 Added IV.A.1. that the ordering practitioner/protocol provider will follow up after a patient's refusal of health care  
 Added IV.A.2. that the primary provider will be notified if different than the ordering practitioner

**APPROVED:**

Signature on file

\_\_\_\_\_  
**MARYANN CURL, MD**  
 Chief Medical Officer

5/3/22  
 \_\_\_\_\_  
 Date Signed

Signature on file

\_\_\_\_\_  
**DAVID FLYNN,**  
 Assistant Secretary for Health Services

5/4/22  
 \_\_\_\_\_  
 Date Signed

Signature on file

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**CHERYL STRANGE,** Secretary  
 Department of Corrections

5/5/22  
 \_\_\_\_\_  
 Date Signed

 <p>STATE OF WASHINGTON DEPARTMENT OF CORRECTIONS</p> <p><b>POLICY</b></p>	<b>APPLICABILITY</b> <b>PRISON</b> FACILITY/SPANISH MANUALS		
	<b>REVISION DATE</b> 5/17/22	<b>PAGE NUMBER</b> 2 of 7	<b>NUMBER</b> <b>DOC 610.010</b>
	<b>TITLE</b> <b>PATIENT CONSENT FOR HEALTH CARE</b>		

**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 Incarcerated Individuals; 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.
- II. This policy applies to health care delivered to patients in a Department facility. The Department will not consent on behalf of patients receiving care in a local community healthcare facility.

**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.

 <p>STATE OF WASHINGTON DEPARTMENT OF CORRECTIONS</p> <p><b>POLICY</b></p>	<b>APPLICABILITY</b> <b>PRISON</b> FACILITY/SPANISH MANUALS		
	<b>REVISION DATE</b> 5/17/22	<b>PAGE NUMBER</b> 3 of 7	<b>NUMBER</b> <b>DOC 610.010</b>
	<b>TITLE</b> <b>PATIENT CONSENT FOR HEALTH CARE</b>		

## II. Obtaining Informed Consent

### 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 cannot comprehend or appreciate the nature of their condition or the risks and benefits associated with the proposed treatment, as determined by a health care provider.
2. A patient who is not competent cannot be allowed to accept/refuse care. Care will be provided according to the:
  - a. Advance Directive,
  - b. Court order,
  - c. Surrogate decision maker, or
  - d. Guardian of person/ad litem.

### B. When a health care provider determines a patient is not competent to consent:

1. An evaluation will be completed by a licensed practitioner (i.e., medical, mental health, or psychiatry) 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 cannot be an authorized person.
  - b. Authorized persons cannot consent to:
    - 1) Sterilization,
    - 2) Antipsychotic medications,
    - 3) Psychosurgery, or
    - 4) Electroconvulsive therapy.

 <p>STATE OF WASHINGTON DEPARTMENT OF CORRECTIONS</p> <p><b>POLICY</b></p>	<b>APPLICABILITY</b> <b>PRISON</b> FACILITY/SPANISH MANUALS		
	<b>REVISION DATE</b> 5/17/22	<b>PAGE NUMBER</b> 4 of 7	<b>NUMBER</b> <b>DOC 610.010</b>
	<b>TITLE</b> <b>PATIENT CONSENT FOR HEALTH CARE</b>		

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).

1. If unable to obtain immediate approval, health care providers will provide emergent, medically necessary care and notify the Chief Medical Officer/Chief of Dentistry/Director of Mental Health/designee as soon as possible.

a. The care and notification will be documented in the health record.

### 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, including prescriptions, that pose substantial risk to the patient 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 hormone 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.

 <p>STATE OF WASHINGTON DEPARTMENT OF CORRECTIONS</p> <p><b>POLICY</b></p>	<b>APPLICABILITY</b> <b>PRISON</b> FACILITY/SPANISH MANUALS		
	<b>REVISION DATE</b> 5/17/22	<b>PAGE NUMBER</b> 5 of 7	<b>NUMBER</b> <b>DOC 610.010</b>
	<b>TITLE</b> <b>PATIENT CONSENT FOR HEALTH CARE</b>		

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 and Assessment Programs Consent for Prison Treatment, and
    - b. DOC 02-402 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. The health care provider should provide the patient the opportunity to consent for the following services that do not require consent:
1. Compliance with a court order, statute, or case law in consultation with the Attorney General's Office.
  2. Care delivered per DOC 620.100 Force Feeding of Incarcerated Individuals.
  3. Treatment of a self-inflicted harm, 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><b>POLICY</b></p>	<b>APPLICABILITY</b> <b>PRISON</b> FACILITY/SPANISH MANUALS		
	<b>REVISION DATE</b> 5/17/22	<b>PAGE NUMBER</b> 6 of 7	<b>NUMBER</b> <b>DOC 610.010</b>
	<b>TITLE</b> <b>PATIENT CONSENT FOR HEALTH CARE</b>		

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 of serious injury or death.

D. The health care provider will document informed consent, regardless of outcome.

#### 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 the appropriate medical, mental health, or dental encounter/progress form and forward the patient's health record to the ordering practitioner/protocol provider for review.

1. The ordering practitioner/protocol provider will:

- a. Schedule an appointment with the patient to discuss the refusal, health consequences, and alternatives, and
- b. Document the refusal on the appropriate medical, mental health, or dental encounter/progress form.
- c. Complete DOC 13-048 Refusal of Medical, Dental, Mental Health, and/or Surgical Treatment.

2. The primary health care provider will be notified if different than the ordering practitioner.

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

1. DOC 02-330 Sex Offender Treatment and Assessment Programs Consent for Prison Treatment
2. DOC 02-402 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

 <p>STATE OF WASHINGTON DEPARTMENT OF CORRECTIONS</p> <p><b>POLICY</b></p>	<b>APPLICABILITY</b> <b>PRISON</b> FACILITY/SPANISH MANUALS		
	<b>REVISION DATE</b> 5/17/22	<b>PAGE NUMBER</b> 7 of 7	<b>NUMBER</b> <b>DOC 610.010</b>
	<b>TITLE</b> <b>PATIENT CONSENT FOR HEALTH CARE</b>		

isolated per DOC 670.000 Communicable Disease, Infection Prevention, and Immunization Program.

**DEFINITIONS:**

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 and Assessment Programs Consent for Prison Treatment
- DOC 02-402 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 13-521 Consent for Hormone Treatment for Gender Dysphoria and/or Transgender Identification
- DOC 14-039 Substance Use Disorder Treatment Participation Requirements