E • C • S
EASTERN COLORADO SERVICES

INFORMED CONSENT POLICY

PURPOSE: To obtain informed consent by ensuring the individual has been provided the opportunity to make an informed choice.

(10 CCR 2505-10 Section 8.608.2, A4 and Section 8.609.6, D7c)

It is the policy of Eastern Colorado Services (ECS) that informed consent or a valid court order must be obtained prior to implementing:

(A) A behavior plan, which includes the use of restrictive procedures;

(B) Use of psychotropic medications to include changing the "family" of medications used; or changing the dosage beyond the originally planned range.

Originally approved by the Board of Directors on: 04/1991

Revised and reviewed by the Board of Directors on: 7/1993, 8/2017

Board Approval: _____ **Dated:** 8/31/2017

INFORMED CONSENT PROCEDURES

Consent must be freely given by the individual receiving services, the parent of a minor or the legal guardian of the individual receiving services. The consent shall be in writing and shall document knowledge of pertinent facts, as specified in Division of Intellectual and Developmental Disabilities (DIDD) Rules and Regulations, by the person giving the consent.

Prior to obtaining consent for a restrictive procedure, the Interdisciplinary Team (IDT) of the individual receiving services shall review the procedure. This will include description of benefits, risks and potential discomforts. This information shall be provided in a manner that is easily understood, verbally and in writing, in the native language of the person, or through other modes of communication as may be necessary to enhance understanding. The IDT will discuss the recommendations and shall make a determination of the appropriateness of the procedure for the individual, the decision shall be documented on the Individualized Service Plan (ISP) or an Addendum to the ISP and the consent will be made a part of the record of the individual receiving services.

In conjunction with obtaining consent, the IDT shall follow ECS Policies and Procedures and the rules, program guidelines, standards and policies of the Colorado Department of Health Care Policy and Financing, Divisions of Intellectual and Developmental Disabilities, which govern the use of restrictive procedures.

ECS shall utilize one consent form for any of the two restrictive conditions under which a consent is required, as defined in policy.

The following shall precede consent:

(A) A complete explanation of the procedure to be followed;

(B) A description of the potential risks;

(C) A description of benefits to be expected;

(D) A description of alternative procedures with an explanation of their potential benefits, discomforts, and risks;

(E) An offer to answer questions concerning procedures;

(F) Instructions to the person giving consent that they are free to deny or withdraw consent at any time; and,

(G) A statement that, not giving, or withdrawing consent, will not negatively influence the future of services.

This information will be presented in a way that the individual can understand. Any Program Director or Nurse shall carry out the process of obtaining consent.

Persons authorized to give consent:

(A) The individual receiving services. (18 and over, without a legal guardian)

(B) The legal guardian of the adult; or

(C) The parent(s) or guardian(s) of a minor; or

(D) Other persons appointed by the court to give consent.

In the process of obtaining consent, the legal standing of anyone claiming to be guardian shall be verified.

A signature is self-standing except where a mark (x) is produced. The use of a witness is desired to verify that a mark is that which is usually made by the signer.

A restrictive procedure is used when the intent or plan is to bring the person's behavior into compliance. For example; limitation of an individual's movement or activity against his or her wishes; or, interference with an individual's ability to acquire and/or retain rewarding items or engage in valued experiences. Informed consent shall be obtained prior to the implementation of a restrictive procedure.

Psychotropic medication for persons receiving residential services and supports shall be used only for diagnosed psychiatric disorders. The major purpose is to reduce the symptoms, which interfere with the individual's ability to function as effectively as possible. They do not cure the psychiatric issue.

All medications can produce side effects. Staff and physicians, who may order laboratory testing, must do careful monitoring of behavior and side effects. Potential risks and side effects of the particular medication prescribed shall have been discussed in the process of gaining IDT consensus and informed consent.

Should side effects develop, effective and corrective measures such as decreasing dosage, discontinuing the drug, using counteractive medications or alternate medications can be attempted, upon doctor's orders.

A form shall be utilized for monitoring side effects/adverse reactions and behavior changes while the individual is on the psychotropic medication. This form shall be completed for the duration of the course of medication.

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It is your legal right to determine the extent of any treatment of procedures. Please read this form and have your questions answered satisfactorily before signing.

NAME:

This informed consent if for:

☐ Medication : _____

Psychiatric Diagnosis: _____

Range: _____ Initial Start Date: _____

Stable Dose: _____ Updated: _____

☐ Behavior Program with Restrictive Procedure

☐ Experimental Procedure

DESCRIPTION:

1. This procedure is being recommended for:
2. What are the expected benefits:
3. What are the potential discomforts:
4. What are the potential risks:
5. What alternative procedures have been considered (include their benefits, discomforts and risks):

I have been given a chance to ask all the questions I want and have them answered. I understand that I can change my mind and take away my consent and stop the procedure at any time. I also understand that if I do not give my consent or, if I choose to take my consent away, it will not cause a problem in the future regarding services and supports I receive.

The effectiveness of the procedures will be reviewed by _____ **every (frequency)** _____

Signature: _____ **Date:** _____ **Relationship to person:** _____

Signature: _____ **Date:** _____ **Relationship to person:** _____

Witness: _____ **Date:** _____