



City and County of San Francisco
Department of Public Health
COMMUNITY PROGRAMS
COMMUNITY BEHAVIORAL HEALTH
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POLICY/PROCEDURE REGARDING: Consent for Community Behavioral Health Services

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Manual Number: 3.05-01

Reference:

- Consent Manual 2007 by California Hospital Association (34th Edition)
- Mental Health Law by California Hospital Association (3rd Edition)
- California Family Law Code 6500-7143
- California Welfare and Institutions Law Code 5150-5157
- CBHS Documentation Manual (2008 Edition)

Substantial revision: Replaces 3.05-01 of 9/3/02 (Consent for Mental Health Services for Adult Voluntary Individuals)

Purpose

The signed Consent for Community Behavioral Health Services (CBHS) establishes the provider's corresponding duty to inform the individual or the legal representative about the recommended care and conditions of treatment so that his or her decision is knowledgeable and meaningful.

In addition:

- This policy governs a provider's requirement to document an individual's (or individual's legal representative's) consent for treatment.
- The consent must be made knowingly and given freely. An individual or legal representative (parent, legal guardian, conservator) has the right to decide whether or not to participate in behavioral health services. The individual or the legal representative should voluntarily give consent and he or she can revoke it any time. Consent must not be obtained by coercion or if the individual is under duress.
- If a minor (under 18) presents for services and qualifies for "Minor Consent," refer to Policy #3.05-03: Consent for Voluntary Behavioral Health Services-Minors.
- This policy does not apply to the Private Practitioner Network (PPN). Refer to the PPN Manual for consent requirements.
- This policy directs the use of form BHRD80: Consent for Community Behavioral Health Services - Mental Health/Drug and Alcohol Treatment Programs.

Procedures

Required Form

The Consent for Community Behavioral Services - Mental Health/Drug and Alcohol Treatment Programs (BHRD80) should be used to document the consent to participate in behavioral health treatment by the individual or the individual's legal representative. The signed form is a legal document that establishes the proof of consent in writing.

Use of Form

- All entries on the consent form must be in ink.
- A consent form is necessary for each new episode.
- The consent form is valid for the length of the treatment episode unless consent is revoked by the individual or the individual's legal representative.
- For Children, Youth, and Family Services, it is necessary to update the consent form annually.
- BHRD80 replaces MRD80.
- If BHRD80 undergoes substantial revisions, the provider needs to have a revised version signed by the individual as soon as possible.
- The "Acknowledgement of Receipt of Materials," which had been on the back of MRD80 is now a separate form called BHRD84. (Refer to Documentation Manual on the administration of BHRD84).
- Please note that the clinician and the provider run the risk of liability when treatment is initiated without documented consent.

Completion of BHRD80 in Other Languages

The form is available in San Francisco's threshold languages. At the time of this revision they are Chinese, English, Russian, Spanish, and Vietnamese. If more threshold languages are added, this form will be translated into those languages.

If the individual or the individual's legal representative speaks a language other than a threshold language:

- The provider is responsible for explaining the services in the individual's or the legal representative's preferred language. The provider asks the individual or the legal representative to sign an English form and then indicates on the form that services were explained in the client's preferred language.

Exceptions for use of form BHRD80

Consent for Community Behavioral Health Services form (BHRD80) is required except for the following circumstances:

1. An Alternate Consent Provided by Licensing Boards
e.g., the facility is an inpatient facility.
2. Specialty Consent for Specified Procedures

e.g., Electro-convulsive therapy (ECT) and/or psychosurgery.

3. Non Treatment Services

e.g., Prevention/Outreach services.

4. The Application of the 5150 Law

See: California Code of Regulations Welfare and Institutions Code 5150-5157.

Form Completion and Disposition

- The provider is responsible for ensuring the consent form is completed.
- The provider is responsible for making sure the consent form is signed by the individual or the individual's legal representative.
- If the individual is able to sign but refuses, a note should be made on the signature line of the consent form. The provider should also document it in the progress note.
- If the individual is not able to give consent for treatment, the legal representative who gives consent for the individual must sign and indicate the relationship with the individual on the form.
- For an individual under LPS conservatorship, the conservator should be contacted to obtain consent to services.
- In the case of dependents of the court, the Foster Care Mental Health Unit can sign the consent form for the minor. Contact the Foster Care Clinical Supervisor at 415-970-3880.
- If the individual does not have a legal representative and is unable to provide his or her full signature, his or her mark must be witnessed by two people. Each witness must sign and print his or her name and title. It is recommended that the witness should be a professional employee of the provider who understands the role of a witness in the event that there is a dispute over whether consent was obtained. If the witness is someone other than staff, he or she must be at least 18 years of age and needs to indicate his or her relationship with the individual.
- If the individual is receiving both Mental Health Services and "federally assisted" Substance Abuse Treatment, the provider has to keep mental health notes and substance abuse notes separate in the medical record.
 - Have the individual sign one form,
 - Place a copy of the form in the proper section of both the Mental Health and Substance Abuse medical records.
- A copy should be given to the individual or the individual's legal representative.
- As the medical record is divided into additional volumes, the consent form (BHRD80) should be brought forward to the newly created volume.
- The original consent form must be permanently filed in the individual's medical record according to Policy #3.10-02: CBHS Medical Record Documentation

Other Consent Policies

There are separate policies governing consent for treatment of minors and for medication treatment. These policies are:

1. Consent for Minor: Urgent, Primary Care and Behavioral Health Services; Confidentiality Obligations (Policy # 101) for Public Health providers, including contractors, who deliver primary care, mental health, and substance abuse services to persons under the age of 18 who are seeking services such as pregnancy-related care, rape treatment, skeletal x-ray

See the website link:

<http://dphnet/dphpolicies/Policies/MinorsConsentPol120622005.pdf>

2. Consent for Voluntary Behavioral Treatment Program Services - Minors (Policy # 3.05-03) for individuals under 18 years of age.

See the website link:

<http://www.sfdph.org/dph/files/CBHSPolProcMnl/3.05-03.htm>

3. Medication Consent for Voluntary Patients (CBHS: direct treatment programs) (Policy #3.05-04) for adults and addresses consent for psychiatric medication treatment.

See the website link:

<http://sfdph.sf.org/dph/Comupg/oservices/mentalHlth/CBHS/CBHSmnuPolyProc.asp>

4. Medication Consent for Children's Programs (CBHS: youth treatment programs) (Policy # 3.05-07) for minors and addresses consent psychiatric medication treatment.

See the website link:

<http://www.sfdph.org/dph/files/CBHSPolProcMnl/3.05-07.htm>

Contact Person: Manager, Health Information Management, 415-255-3488

Distribution:

Administrative Manual Holders

All CBHS Directors

All CBHS Programs

Attachments: BHRD80 in the San Francisco's threshold languages (as of the date of this revision they are Chinese, English, Russian, Spanish, and Vietnamese). BHRD80 may be obtained by contacting the CBHS Forms and Supply Room staff at 415-255-3913.