


**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
DIVISION OF YOUTH SERVICES
OAKLEY YOUTH DEVELOPMENT CENTER**

Subject: Consent and Authorization to Treat		Policy Number: 11
Number of Pages: 3		Section: XI
Attachments	Related Standards & References	
Release of Medical Information Form XI.11.A Elective Procedure and Surgical Review Form XI.11.B	ACA Juvenile Health Care Performance Based Standards 2009: 4-JCF-4C-10, 4-JCF-4C-44	
Effective Date: 06/09/06 Revision Date: 03/01/07, 07/01/07, 04/22/08, 05/01/11, 11/01/13 Review Date: 11/1/14, 11/12/15	Approved:  James V. Maccarone, Director	

I. POLICY

It is the policy of the Mississippi Department of Human Services, Division of Youth Services, that all informed consent standards in the jurisdiction are observed and documented for medical care. The informed consent of parent, guardian, or legal custodian shall be obtained where required by law. The youth, guardian, or legal custodian shall be informed about medical care in a language that is easily understood. When health care is rendered against the youth the care shall be delivered in accordance with state and federal laws and regulations. (4-JCF-4C-44)

II. DEFINITIONS

As used in this policy and procedure, the following definitions apply:

Emergent care/procedure – Necessary for the physical/psychological well being of an individual and has to be provided in a particular time frame.

Non-Emergent care/procedure – Necessary for the physical/psychological well being of an individual but does not have to be provided at a particular point in time.

Elective (Cosmetic) care/procedure- Not necessary for the physical/psychological well being of an individual. Procedure is desired by an individual for a perceived flaw that in actuality may not exist.

III. PROCEDURE

- A. Health care personnel shall inform the youth in a language that is easily understood prior to initiation of medical, dental or psychiatric care and treatment. (4-JCF-4C-44)

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1. Documentation of the condition and proposed medical, dental or psychiatric treatment shall be made in the youth's health record, Interdisciplinary Progress Notes XI.8.A by the facility Physician, Dentist or Psychiatrist.
2. The health care personnel shall complete a Medication/Treatment Refusal Form, XI.30.C to document a youth's refusal of treatment.
 - The Nurse shall immediately notify the Director of Medical Services/designee, the Facility Administrator and the Physician of the youth's refusal when there is clear danger to the health and well being of the youth or that of the general youth population. The Facility Administrator shall consult with the Division Director for guidance on possible course(s) of action.

B. Emergency Medical and Surgical Services

If an immediate life-threatening situation exists, the medical staff, with authorization from the Facility Administrator/designee, shall ensure that necessary medical services are provided. (4-JCF-4C-44)

1. When a youth is in need of emergency treatment, the Nurse shall call and notify the emergency room at the appropriate hospital.
 - a. It is the responsibility of the Director of Medical Services/designee to notify the Facility Administrator/designee.
 - b. The Facility Administrator/designee is responsible for authorization of treatment not approval for the emergency referral.
 - c. The Facility Administrator/designee, health care personnel or designee shall inform the youth's parent, guardian, or legal custodian in a language that is easily understood when emergency medical services are required. Refer to policy XI.12, Medical Notification of Designated Individuals.

C. Surgical Procedures (Non-Emergent or Elective {Cosmetic})

The Director of Medical Services/designee shall inform the youth's parent, guardian, or legal custodian in language that is easily understood for non-emergent or elective surgical intervention consent. Documentation of the conversation with the youth's parent, guardian or legal custodian shall be noted in the youth's health record, Interdisciplinary Progress Notes XI.8.A.

1. When an elective {cosmetic} surgical procedure is recommended post evaluation by the contract physician and/or a specialist, refer to the Surgical Review Form XI.11.B. (4-JCF-4C-10)
2. If the parent/guardian has questions regarding permission to be present for the procedure refer phone call to Facility Administrator/designee.

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3. The Facility Administrator/designee, by court order is the youth's designated legal guardian; the consent for treatment/surgery will be presented to the Facility Administrator for signature.
 - a. The nurse present shall sign as the witness and fax the consent form to the surgeon/surgery center.
 - b. The consent form shall be maintained in the youth's health record.

D. Medical/Dental Appointments/consults

The facility Physician/Dentist shall write an order when a youth needs to be scheduled for an off-campus medical/dental appointment.(4-JCF-4C-44) The Facility Administrator/designee is responsible for authorization for treatment not approval of the appointment.

- E. The Director of Medical Services shall revise this policy as necessary.