



PENINSULA RSN

ADMINISTRATION POLICIES AND PROCEDURES

Policy Name: CONSENT FOR TREATMENT

Policy Number: 2.12

Reference: WAC 388-865-0410, -0436 (Outpatient), 388-865-0550 through -0560 (Inpatient)

Effective Date: 8/2003

Revision Date(s): 12/2011

Approved by: PRSN Executive Board

CROSS REFERENCES

- Policy: Enrollee Rights
- Policy: Corrective Action Plan

PURPOSE

The Peninsula Regional Support Network (PRSN) shall ensure consent for treatment is uniformly provided throughout the provider network.

PROCEDURE

The PRSN promotes customer satisfaction by requiring providers to assure informed consent to treatment, and consumer access to a consumer's own records, as follows:

1. Obtain general consent to treatment of all consumers.
2. Minors over twelve years of age may request and receive treatment without parental consent.
3. Grant requests to review a consumer's own records within fifteen days (as indicated in WAC 388-865-0435).
4. Reviewing the file to remove any material confidential to another person.
5. Allowing the consumer sufficient time and privacy to review the record, and providing at consumer request a clinical staff member to answer questions.
6. Permit persons requested by the consumer to also be present.
7. Assess a reasonable and uniform charge for reproduction of the file, if so desired.

8. Specifically obtain written informed consent of the consumer or legally responsible other before use of medication, use of unusual diagnostic or treatment procedure, use of audio or visual devices to record the consumer's behavior, and before the consumer is the subject of research.
9. File written consent forms in the consumer's file.

MONITORING

This policy is a mandate by statute.

1. This Policy will be monitored through use of PRSN:
 - Annual PRSN Provider and Subcontractor Administrative Review
 - Monthly Provider Chart Review
 - Exhibit N Reports and PRSN Grievance Tracking
 - Biennial Provider Quality Review Team On-site Reviews
2. If a provider performs below expected standards during any of the reviews listed above a Corrective Action will be required for PRSN approval. Reference PRSN Corrective Action Plan Policy.