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Review Date: 11/9/2016

North Sound Behavioral Health Organization

Section 1500 – Clinical: Consent for Outpatient Behavioral Health Services

Authorizing Source: DBHR/North Sound BHO Contracts; RCW 70.02.130, 71.34.530 and 70.96A.095; WAC 388-877

Cancels:

See Also:

Providers must comply with this policy and may develop individualized implementation guidelines as needed

Approved by: Executive Director

Responsible Staff: Deputy Director

Signature:

Date: 7/18/2017

POLICY #1509.00

SUBJECT: CONSENT FOR OUTPATIENT BEHAVIORAL HEALTH SERVICES

PURPOSE

To inform individuals of the service options available and to document the individual has been given information as to the nature of the services he/she can expect from the Behavioral Health Agency (BHA), and the individual consents to participate in services.

POLICY

Prior to the delivery of voluntary outpatient services, a written consent must be obtained from a person able to provide legal consent for the individual prior to the initial assessment for treatment services. Consent may be provided by individuals age 13 or older, parents of a minor child/youth, legal guardians and kinship caregivers of individuals under age 13.

DEFINITION per WAC 388-877-0200

"Consent" means agreement given by an individual after the person is provided with a description of the nature, character, anticipated results of proposed treatments and the recognized serious possible risks, complications and anticipated benefits, including alternatives and non-treatment. Informed consent must be provided in a terminology that the person can reasonably be expected to understand.

PROCEDURE

At the initial assessment and all other initial services appointments, the BHA explains the Consent for Services form prior to beginning any services and obtains the individual's signature confirming his/her agreement to those services.

Notes Regarding Primary Language: If an individual's primary language is a "Prevalent Language" per WA State's Department of Social and Health Services (DSHS), the Consent for Treatment form will be presented in English and also translated to the appropriate language.

DSHS has determined that Spanish is spoken by 5% or more the population served by North Sound BHO and is therefore considered a "Prevalent Language."

Materials may be provided exclusively in English if the individual's primary language is other than English, and the individual can understand English, and is willing to receive the materials in English. In this case, the individual's consent to receiving information and materials in English must be documented in the individual's clinical file.

For individuals whose primary language is not translated in writing, the requirement may be met by providing the information through audio or video recording in the individual's primary language, having an interpreter read the materials in the individual's primary language or providing materials in an alternative format that is acceptable to the individual. If one of these methods are used, it must be documented in the individual's clinical file.

Services shall not proceed until the individual's consent signature has been obtained.

The BHA clinician signs with his/her degree and specialty, if applicable, and includes the date of the meeting. The Consent to Services form is filed in the individual's clinical file.

ATTACHMENTS

None