

Informed Consent vs. Consent to Treat

Informed Consent: The agreement given to any medical or mental health treatment (e.g., medication, procedure, or service) after the medical consenter has had the opportunity to receive sufficient information about its risks and benefits.

Consent to Treat (may also be known as General Consent): Usually a form you sign as part of the new patient or registration process authorizing the provider to render care, including but not limited to performing labs, diagnostic tests, etc. This is usually a form signed at the beginning of any type of medical or behavioral health treatment.

Sometimes these forms contain statements that go beyond just consenting to admit or treat but will also give overarching permissions for medications and therapies to be started without additional consent. These extras must be crossed out with your initials as only CD or contracted case management staff may consent to therapy or psychotropic medication being administered.

Who Consents to What?

Children's Division's policy around consenting to treatment and medications for children/youth in foster care changed September 2018. Because CD is the court-appointed legal custodian for children in foster care, certain treatments and medications will now require CD or contracted case management staff to give this consent.

Consenting authority has been separated into two types - Routine and Non-Routine treatment:

- **Routine Treatment** - Resource parents may consent to routine treatments including:
 - ◇ Treatment for ordinary illnesses (pain, cold/flu symptoms, UTI, skin infections, etc)
 - ◇ Routine dental care
 - ◇ Well-child visits
 - ◇ Ongoing treatment for chronic conditions (asthma, diabetes, ear infections, etc)
 - ◇ Immunizations
- **Non-Routine Treatment** – Only Children's Division and contracted case management staff may provide consent for non-routine treatments including:
 - ◇ Inpatient hospitalization – medical or acute psychiatric
 - ◇ Extraordinary dental treatment
 - ◇ Invasive or extensive medical testing
 - ◇ Behavioral therapy or mental health services, including psychotropic medication

Monthly Medical Log (CD-265)

- ⇒ CD is mandated to maintain a child's health information in his/her case record; your assistance is needed!
- ⇒ As a child's resource parent, you likely have more health information about the child(ren) in your care than others. You schedule appointments, attend medical and therapy visits, fill prescriptions, and speak directly to the child's service providers. The Monthly Medical Log (CD-265) is a way for you to relay these important health-related occurrences to the child's case manager so the child's case record contains as much medical information as possible. The more health information CD has, the better the child's health care oversight and coordination will be.
- ⇒ Please complete the CD-265 monthly for each child in your care. You can provide this to the child's case manager in person, via mail, or through email.

If I Don't Consent for Non-Routine Treatment, Do I Need To Be There?

PLEASE! participate in appointments for the children in your care, even if it's a psychiatric visit for a new psychotropic medication, a mental health assessment, or a new therapy intake visit – all which will require the case manager's consent. After all:

- ⇒ You have the most current information about the child in your care to share with the service provider.
- ⇒ You will know answers to questions providers ask that the case manager likely will not know.
- ⇒ You will want to ask questions that impact you and the rest of your family.
- ⇒ You will be an important piece of carrying out the treatment plan developed for this child.

Who's Attending Appointments?

- ⇒ For non-routine treatment, the case manager must provide the informed consent. Case managers, therefore, must participate in some way so they can make an informed decision to consent to the proposed treatment or not. They may not be physically in the room with you for these appointments where informed consent is needed. Instead, they may be participating by phone or videoconference, or they may be working with the provider following the visits.
- ⇒ For routine treatment, the case manager does not need to participate. However, the case manager or resource parent should inform the child's parent/guardian of upcoming appointments or procedures so they can participate.
- ⇒ The child's parents/guardians are encouraged to participate in all appointments for their children – unless their parental rights have been terminated, or the court has ordered they cannot participate. Parents have a right to know, and a need to know, what is going on with their child and to participate in these appointments, to ask questions, and to support their child. Especially when a child first comes into care, the parents have information the rest of us don't know about the child. This information is really helpful to providers.

Questions or Concerns About a Child's Medication or Treatment?

- ⇒ If you have concerns about a medication your child is prescribed, symptoms or reactions they are having, a therapy that's been recommended, or something else, you are encouraged to talk to the child's health care provider.
- ⇒ If you still have concerns, please share this with the child's case manager. You or the case manager can request a clinical consultation with the Center for Excellence to review these concerns.
- ⇒ Although the referral needs to be made by the case manager, the clinical consultant will review your concerns, review necessary medical information, or maybe speak to the prescriber directly. The Center will then provide the case manager with recommendations for next steps and the case manager will share these with you.