

ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

ADMINISTRATIVE PROCEDURE

Date Issued 09/24

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WRITTEN BY L.K. Ferguson/V. Amato	REVISED BY Joy Vittone	AUTHORIZED BY Telly Delor	

I. APPLICATION:

- SCCCMH Board
- SCCCMH Providers & Subcontractors
- Direct-Operated Programs
- Community Agency Contractors
- Residential Programs
- Specialized Foster Care

II. PURPOSE STATEMENT:

St. Clair County Community Mental Health (SCCCMH) shall ensure that applicable consent is obtained prior to the commencement of services as delineated herein.

III. DEFINITIONS:

- A. Consent: Approval, by a recipient of services, a parent of a minor, or a recipient’s guardian that indicates they understand and give legal permission, agreement, or an approval for something to happen.
- B. Consent form: A written document that identifies specific services or activities for which an authorized signature validates the acceptance or rejection of the information contained therein.
- C. Health Information: Any information whether oral or recorded in an any format or medium that (1) is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearing house; and (2) relates to the past, present, or future physical or mental health or condition of the individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual in 45 CFR 160.103.

IV. STANDARDS:

- A. SCCCMH uses state-required consent forms, program-specific and activity-specific consent forms, and other types of consent forms. See Exhibit A for a listing of Consent Forms.
- B. SCCCMH requires an applicable consent form to be signed prior to or at the time of services and activities. A signature may be printed, i.e., cursive handwriting is not required. If a person/guardian refuses to sign a consent form, the Primary Caseholder must note the refusal in

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OASIS and on the consent form. See [Administrative Procedure #05-002-0006, Informed Consent, Consent for Treatment, and Information Distribution](#), Standard L.

- C. SCCCMH permits the use of a telephone authorization for consent within 24 hours of extreme and extenuating circumstance (e.g., an emergency placement, or a new or changed intervention) when there is limited time to obtain the guardian's signature.
1. A second staff person, with the knowledge of the guardian, must speak to the guardian on the phone call to verify a guardian's consent. [Form #0018 Telephone Authorization Guardian Consent](#) must be completed, except when IPOS, Periodic Review, or Amendment is being consented.
 2. [Form #0353 Telephone Authorization Guardian Consent \(IPOS, Periodic Review or Amendment\)](#) must be completed when consent is required to initiate or continue services.
 3. The applicable consent form is mailed or e-mailed for signature, or the signature is obtained in person, at a later date.
 4. The RN must obtain consent for psychotropic medications and any other staff can be a witness.
 5. Documentation of outreach attempts must be maintained in the electronic health record.
- D. Consent forms must be updated at least annually and whenever there is a substantial change (i.e., change of residence, additional medical services obtained).
- E. Staff must use consent forms found in OASIS or the [Forms Index](#).
- F. SCCCMH permits an individual who is not physically able to write their signature but is otherwise able to give informed consent, to indicate their consent as follows:
1. If an individual can make a mark that does not spell out their name (e.g., an "X," an initial, or some other mark), the individual may sign by marking the paper in this way and one disinterested witness must witness the mark. The witness must write the following statement with the date and witness signature:
"I, (name of witness), witnessed (name of individual) make his/her mark indicating their signature."
 2. If an individual is physically unable to sign or make their mark, they may direct another person, who must be disinterested in the content of the document, to sign their name for them, and a second person must witness the signature. The witness must write the following statement with the date and witness signature:
"I, (name of witness), witnessed (name of individual) direct a disinterested person by ___ spoken request or ___ nonverbal request (e.g., eye blinking, nodding head), to sign his/her name due to him/her being unable to physically sign or make a mark."

V. PROCEDURES:

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Primary Caseholder/Designee

1. Obtains signature as directed by this Administrative Procedure on all consents which are appropriate and required at the time of service provision, after ensuring that consents are completed correctly.
2. Ensures that consents are copied and distributed to the appropriate parties and that the originals are scanned/uploaded into OASIS.
5. Follows standards set forth by [Administrative Procedure #08-002-0006, Health Care Information Privacy & Security Measures \(HIPAA\)](#).

VI. REFERENCES:

- A. Health Information Portability and Accountability Act (HIPAA)
- B. Health Information Technology for Economic and Clinical Health Act (HITECH)
- C. Confidentiality of Substance Use Disorder (SUD) Patient Records at 42 CFR part 2
- D. Michigan Mental Health Code, section 330.1748 Confidentiality
- E. [Administrative Procedure #05-002-0006, Informed Consent, Consent for Treatment, and Information Distribution](#)
- F. [Administrative Procedure #08-002-0006, Health Care Information Privacy & Security Measures \(HIPAA\)](#)

VII. EXHIBITS:

- A. List of Consent Forms

VIII. REVISION HISTORY:

Dates issued 10/92, 12/92, 06/93, 11/97, 11/99, 10/01, 10/03, 10/05, 10/07, 10/09, 08/11, 01/13, 01/15, 07/16, 09/17, 09/18, 09/19, 09/20, 09/21, 09/22, 09/23.

List of Related Consent Forms

STATE REQUIRED CONSENT FORMS

1. [#MDHHS-5515 Consent to Share Behavioral Health Information](#)

- Location: In Oasis on the Chart Links tab, in the Legal/Consents section, link titled Consent to Exchange Health Information (MDHHS Consent); and in Forms Index.
- Form #MDHHS-5515 is the standard consent form used to share certain types of behavioral health and substance use disorder (SUD) information that have special privacy protections under federal and state law. It is not a general HIPAA authorization.
- Public and private agencies, departments, corporations, or individuals, involved with treatment of the individual receiving behavioral health and substance use disorder service that are listed on the form can share information with each other. One-time, one-to-one, unidirectional sharing is also permissible under the form.
- The MDHHS-5515 may be used to allow disclosure of behavioral health and substance use disorder information by listing members and friends of the individual on the form. **One individual form must be completed for each community resource or individual added as a consented party.**
- A minor may complete this form and consent to the sharing of information without parental consent when permitted under state law.
- Individuals have the right to revoke their consent through verbal or written means at any time.
- Individuals must renew the MDHHS-5515 annually.
- Providers receiving federal funding under the Victims of Crime Act, Violence Against Women Act, and/or Family Violence Prevention and Services Act should not use the MDHHS-5515.

2. **Consent for Mental Health Services**

- Location: In Oasis on the Chart Links tab, in the Legal/Consents section, link titled Consent for Mental Health Services.
- Informed consent must satisfy the requirements of Mich. Admin. Code R. 330.7003, which are legal competency, knowledge, comprehension, voluntariness. See [Administrative Procedure, #05-002-0006, Informed Consent, Consent for Treatment, and Information Distribution](#).

3. [Form #0025C Special Consent Behavior Treatment Intervention](#)

- Location: Forms Index
- MDHHS requires an approved behavior treatment plan and an individual's or their guardian's consent before the individual undergoes a behavior treatment intervention (intrusive, aversive and/or restrictive technique). See [Administrative Procedure #02-003-0025, Behavior Treatment Plan Review](#).
 - A Behavior Treatment Plan that includes a behavior treatment intervention must be reviewed and approved by the Behavior Treatment Plan Review Committee (BTPRC) before it is implemented.

4. Michigan Parent Management Training Oregon (PMTO). Electronic completion not permitted, and forms are provided by Child & Family Service to individuals being served.

PROGRAM, ACTIVITY SPECIFIC, AND OTHER CONSENT FORMS

1. [#0373 CMH Players Participant Release](#)
2. [#0374 Artwork Release](#)
3. [#0016 Audio-Visual Authorization Consent](#)
4. [#0382 Consent for Newsletters, Annual Reports, Public Relations and Related Uses](#)
5. Authorization for Release of Information – in OASIS
6. [#0150 Consent for Exercise Program](#) (used in InShape/Bfit/Health Matters Program)
7. [#0059 Consent for Hepatitis B/HIV Blood Testing Medical Release of Information](#) (SUD use only)
8. [#0338 Consent for Observation](#)
9. [#0127 Consent for Participation Understanding Our Sexuality: Strong, Safe, and Free](#)
10. [#1307 Consent - Out of County Travel CIS](#)
11. [#0134 Informed Consent to Participate in Behavioral Health Telepsychiatry Services](#)
12. [#0375 Video and Photograph Release](#)
13. [#0353 Telephone Authorization Form Guardian Consent IPOS, PR, or Amendment](#)
14. [#0018 Telephone Authorization, Guardian Consent](#) (includes for Psychotropic Medication and new or changed intervention)
15. [#0348 Trauma-Informed Yoga Liability Waiver and Release](#)
16. [#0376 Writing Release](#)

NON-CMH ST. CLAIR COUNTY COURT CONSENT FORMS

St. Clair County Recovery Court houses forms on its website at www.stclaircounty.org