

# **ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY**

## **ADMINISTRATIVE PROCEDURE**

Date Issued **09/23**

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### **I. APPLICATION:**

- ☐ SCCCMHA Board
- ☒ SCCCMHA Providers & Subcontractors
- ☒ Direct-Operated Programs
- ☒ Community Agency Contractors
- ☒ Residential Programs
- ☒ Specialized Foster Care

### **II. PURPOSE STATEMENT:**

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

### **III. DEFINITIONS:**

- A. Consent: Approval, by the recipient of services, parent of a minor or the recipient's guardian that indicates they understand and gives legal permission, agreement or an approval for something to happen or to do something.
- B. Consent forms: A written document that identifies specific service(s) or activity(ies) 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 CFR 45 section 160.103.

### **IV. STANDARDS:**

- A. SCCCMHA uses state required consent forms, program specific consent form, activity specific and other types of consent forms. See Exhibit A for List of Consent Forms.

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- B. SCCCMHA requires the applicable consent form(s) be \*signed prior to or at the time of services and/or activities. Should the person/guardian refuse to sign the consent form(s), then the Primary Caseholder must note such reference within OASIS and/or on each consent form.

\*Per the Center for Disease Control and the Michigan Department of Health and Human Services (MDHHS) during COVID-19 public health emergency, verbal consent of an unguarded (one that does not have a legal guardian) recipient or recipient's guardian/parent with legal rights of a minor recipient to receive mental health services. This will ensure there are no interruptions in services. The written consent of recipient/guardian/parent with legal rights must be obtained a later date.

- C. SCCCMHA permits the use of a Telephone Authorization (Form #018) for consent within 24 hours of extreme and extenuating circumstance, such as, an emergency placement, or a new/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 come on the phone to verify a guardian's consent.
  2. The applicable consent form is mailed, or e-mailed for signature, or the signature is obtained in person, at a later date.
  3. The RN must obtain consent for psychotropic medications any other staff can be a witness.
  4. Documentation of outreach attempts must be maintained in the electronic health record.
- D. Consents form(s) shall be updated at least annually and whenever there is a substantial change (i.e., change of residence, additional medical services obtained).
- E. SCCCMHA secures health information through the Health Information Portability and Accountability Act (HIPAA), see administrative procedure #08.002.0006, Health Care Information-Privacy & Security Measures, and ensures confidentiality as defined by the Mental Health Code: S Section 330.1748 (§748) shall be part of each recipient's file and available in OASIS.
- F. Staff must use consent forms within OASIS or approved and current SCCCMHA consent forms found in the Agency Forms Index on the Intranet Homepage.

V. PROCEDURES:

**Primary Caseholder/Designee**

1. Obtains signature on those consents, which are appropriate/required at the time of service provision.
2. Assures that other consents are completed as appropriate.
3. Ensures that consents are completed correctly.

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4. Ensures that consents are copied/distributed to the appropriate parties and that the originals are scanned/uploaded into OASIS.
5. Follows standards set forth by HIPAA, SCCCMHA administrative procedure #08.002.0006.

VI. REFERENCES:

- A. MDHHS Contract
- B. HIPAA
- C. Mental Health Code 330.1748 Confidentiality

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.

## List of Consent Forms

(Non-Human Resources & Non-Medical)

### STATE REQUIRED CONSENTS FORMS

1. Consent to Share Behavioral Health Information for Care Coordination Purposes (MDHHS-5515)
  - A. Form MDHHS-5515 is the standard consent form used to share certain types of behavioral health and substance use disorder information that have special privacy protections under federal and state law. It is not a general HIPAA authorization.
  - B. 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 amongst each other. One-time, one-to-one, unidirectional sharing is also permissible under the form.
  - C. 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.
  - D. A minor may complete this form and consent to the sharing of information without parental consent when permitted under state law.
  - E. Individuals have the right to revoke their consent through verbal or written means at any time.
  - F. Individuals must renew the MDHHS-5515 annually.
  - G. 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.
  - H. This form is in OASIS. To access click link, Consent to Exchange Health Information (MDHHS Consent).
2. Informed Consent: A MDHHS require consent that contain Administrative Rule 330.7003 requirements: legal competency, knowledge, comprehension, voluntariness. (Inform Consent administrative procedure #05.002.0006)
  - A. The SCCCMHA informed consent is the Consent for Mental Health Services.
  - B. This from is in OASIS, link Consent for Mental Health Services.
3. Special Consent Form- Behavior Treatment Intervention (Form #0025C): A MDHHS required consent for individual who have a Behavior Treatment Plan Behavior Treatment Intervention.
  - A. Require for prior to the implementation of a Behavior Treatment Plan
  - B. Require for Behavior Treatment Review Committee (BTPRC).
4. Michigan Parent Management Training Oregon (PMTO).

### PROGRAM, ACTIVITY SPECIFIC AND OTHER CONSENT FORMS

1. Ability to Pay Administrative Hearing Disposition (Form #0032)
2. Actor Release Form (Form #0373)

3. Alternate Drop-Off Plan (Form #0066)
4. Artwork Release (Form #0374)
5. Audio-Visual Authorization Consent (Form #0016)
6. Authorization/Consent for Newsletters, Annual Reports, Public Relations & Related Uses (Form #0382)
7. Authorization Consent to Access Michigan MCIR (Form #0827)
8. Authorization for Release of Information – (in OASIS)
9. Consent for Exercise Program InShape/Bfit/Health Matters Program (Form #0150)
10. Consent for Hepatitis B/HIV Blood Testing Medical Release of Information–SUD only (Form #0059)
11. Consent for Observation (Form #0338)
12. Consent for Participation Understanding Our Sexuality: Strong, Safe, & Free (Form #0127)
13. Consent - Out of County Travel CIS (Form #1307)
14. Financial Liability for Mental Health Services (Form #0272)
15. Fee Determination for Mental Health Services for Monthly Payment Specialized Group Homes, Foster Homes or Inpatient >60 Days (Form #0118)
16. Fee Determination / Payment Agreement (in OASIS)
17. Hospital Inpatient Installment Payment Agreement (0002A)
18. Informed Consent to Participate in Behavioral Health Telepsychiatry Services (Form #0134)
19. Outpatient Installment Payment Agreement (Form #0004)
20. Specialized Residential Installment Payment Agreement (Form #0002)
21. Parent(s) Financial Determination for Minor Children (Less than 18 yrs.) Receiving Specialized Residential Services (Form #0120)
22. Video/Photograph Release (Form #0375)
23. Request for a New Rate Determination (Form #0007)
24. Request for Ability to Pay Administrative Hearing by Phone (Form #0012)
25. Request to Waive Assessed Ability to Pay or Fee Per Secession (Form #0271)
26. Telephone Authorization Form Guardian Consent IPOS, PR, or Amendment (Form #0353)
27. Telephone Authorization Guardian Consent Psychotropic Medication / Other (Form #0018)
28. Trauma-Informed Yoga Liability Waiver & Release (Form #0348)
29. Writing Release (Form #0376)

#### NON-CMH ST. CLAIR COUNTY COURT CONSENT FORMS

1. St. Clair County Recovery Court
2. St. Clair County Recovery Court Multiple – Party Consent for Release of Information
3. Confidentiality Rights