


Name of Policy: Consent for Treatment Policy Number: 3364-160-CR-104 Approving Officer: Chief Executive Officer Responsible Agent: Chair, Department of Psychiatry Administrative Director Scope: Outpatient Clinic - Psychiatry		 Effective date: July 2025 Original effective date: January 1998	
Key words: psychiatry, informed consent, risk, benefit, minors			
	New policy proposal		Minor/technical revision of existing policy
	Major revision of existing policy	X	Reaffirmation of existing policy

(A) Policy statement

Consent for Treatment will be obtained per [policy 3364-100-10-01 Consent to Treatment and Informed Consent](#) with the following Ohio Department of Mental Health (ODMH) requirement as noted below.

(B) Purpose of policy

To ensure that client or legal guardian, as applicable, and in the instances of children or youth, a parent or legal guardian/custodian, as applicable, is aware of risks and benefits as well as the right to refuse treatment.

(C) Procedure

- (1) In accordance with [section 5122.04 of the Ohio Revised Code](#), mental health services, except for the use of medication, may be provided to minors fourteen years of age or older for not more than six sessions or thirty days, whichever occurs first without a Consent for Treatment form signed by the minor's parent or guardian.
- (2) Informed consent discussion concerning mental health treatment, testing, etc. will be conducted by a licensed professional in accordance with state law, regulation, and the individual's licensing board, prior to the initiation of treatment.
- (3) Informed consent will be documented in the EMR.

- (4) When applicable, a surrogate decision-maker may give informed consent as authorized by legal documents. These legal documents will be kept in the EMR.

<p>Approved by:</p> <p><u>/s/</u> Daniel Barbee, MBA, BSN, RN, FACHE Chief Executive Officer</p> <p>_____ Date</p> <p><u>/s/</u> Robert Smith, MD, PhD Chair, Department of Psychiatry</p> <p>_____ Date</p> <p><u>/s/</u> Stephanie Calmes, Ph.D., LPCC-S, LICDC-CS Administrative Director</p> <p>_____ Date</p> <p><i>Review/Revision Completed by:</i> <i>Department of Psychiatry Administration</i></p>	<p>Policies Superseded by this Policy:</p> <ul style="list-style-type: none">• ODMH-CR-104 <p>Initial effective date: January 1998</p> <p>Review/Revision Date:</p> <p><i>July 2002</i> <i>June 2004</i> <i>August 2005</i> <i>August 2007</i> <i>January 14, 2013</i> <i>January 6, 2014</i> <i>September 16, 2016</i> <i>September 2, 2022</i> <i>July 2025</i></p> <p>Next review date:</p> <p><i>July 2028</i></p>
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