


<b>Name of Policy:</b> Consent for Treatment  <b>Policy Number:</b> 3364-160-CR-104  <b>Approving Officer:</b> Chief Executive Officer – UTMC  <b>Responsible Agent:</b> Chair, Department of Psychiatry Administrative Director, Department of Psychiatry  <b>Scope:</b> OP-Clinic-Psychiatry		 <b>Effective date:</b> 7/2025  <b>Original effective date:</b> 1/1998	
Key words: psychiatry, informed consent, risk, benefit, minors			
<input type="checkbox"/>	New policy proposal	<input type="checkbox"/>	Minor/technical revision of existing policy
<input type="checkbox"/>	Major revision of existing policy	<input checked="" type="checkbox"/>	Reaffirmation of existing policy

(A) Policy statement

Consent for Treatment will be obtained per UTMC policy 3364-100-10-01 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 individuals 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>/s/ _____ Date _____          Dan Barbee          Chief Executive Officer – UPMC</p> <p>/s/ _____ Date _____          Robert Smith, MD, Ph.D.          Chair          Department of Psychiatry</p> <p>/s/ _____ Date _____          Stephanie Calmes, Ph.D., LPCC-S,          LICDC-CS          Administrative Director          Department of Psychiatry</p> <p><i>Review/Revision Completed By: Agency Administration</i></p>	<p><b>Policies Superseded by This Policy:</b></p> <ul style="list-style-type: none"> <li>• <b>ODMH-CR-104</b></li> </ul> <p>Initial effective date: 1/1998</p> <p>Review/Revision Date:          07/2002          06/2004          08/2005          08/2007          01/14/2013          01/06/2014          09/16/2016          9/2/2022          7/2025</p> <p>Next review date: 7/2028</p>