

## Consent and Refusal for Health Care

### 1001.1 PURPOSE AND SCOPE

The purpose is to establish and implement written policy and procedures to obtain informed consent for health care examinations and treatment. This policy applies to all juvenile facility staff.

### 1001.2 AUTHORITY AND REFERENCES

- Board of State and Community Corrections Title 15 § 1434;
- Juvenile Facility Services Policy; Reproductive Services;
- Riverside County Correctional Healthcare Services Policies G-116 & Y-104;
- Welfare and Institutions Code §§ 209, 210, 739 & 885.

### 1001.3 POLICY

All youth shall have medical consents on file.

### 1001.4 CONSENT FOR HEALTH CARE

All immunizations, examinations, treatments, and procedures requiring verbal or written informed consent in the community, also require consent for youth in Riverside County juvenile facilities.

Juvenile facility staff or Correctional Healthcare Services (CHS) staff shall provide youths' parents/legal guardians with a Consent to Examination, Treatment and Release of Medical Information form (attachment) at the time of admittance or during visitation. Treatment facilities require consent prior to admittance. Consent forms shall be retained in youths' health care records.

Caution shall be exercised in utilizing a general consent from the parent/legal guardian or the court for all types of health care, as it is not likely to be valid in some circumstances. Whenever treatment goes beyond a routine level of care, such as in the case of invasive procedures, surgery, or initiation of psychotropic medications, specific consent is required. This involves a full discussion of the recommended treatment, its risks and benefits, alternatives, and consequences of refusing the treatment. In general, this requires the consent of a parent/legal guardian, or the court, if no parent/legal guardian is involved.

Authorization for health care services shall be obtained from the court when there is no parent/guardian or other person standing in loco parentis, including the requirements in Welfare and Institutions Code (WIC) Section 739.

Emergency, lifesaving treatment can always be rendered without specific consent. Conservators can provide consent only within limits of their court authorization.

In the case of immunizations, consent from the parent/legal guardian or court is generally required. When parental consent is involved, it is necessary to provide them with vaccine information consistent with requirements of the Vaccine Injury Reform Act.

# Riverside County Probation Department

## Policy Manual

### *Consent and Refusal for Health Care*

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#### **1001.5 YOUTH LIMITED CONSENT FOR HEALTH CARE**

Youth have the ability to consent to certain types of care without parental involvement. Examples include:

- (a) Examinations and treatment for pregnancy (with some restrictions applicable to requests for therapeutic abortion services, refer to Juvenile Facility Services Policy; Reproductive Services);
- (b) Family planning;
- (c) Treatment for communicable diseases reportable to the local health officer including sexually transmitted diseases;
- (d) Mental health treatment (except for psychotropic medications); and
- (e) Substance abuse treatment.

Youth may refuse, verbally or in writing, non-emergency medical, dental and behavioral health care. Only a court order may override a youth's desire to refuse treatment.

Youth may consent to receipt of Hepatitis B vaccine if they are determined to be at risk for sexual transmission of that infection.

Date(s) revised:

04/09/2019

05/05/2016

Created: 03/01/2000

Attachments:

- [1. Consent to Examination, Treatment and Release of Medical Information \(English\)](#)
- [2. Consent to Examination, Treatment and Release of Medical Information \(Spanish\)](#)



RIVERSIDE COUNTY PROBATION DEPARTMENT

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CONSENT TO EXAMINATION, TREATMENT and RELEASE OF MEDICAL INFORMATION

(ENGLISH)

\_\_\_\_\_  
Youth's Name J# / CID#

I hereby authorize and consent to any medical, surgical, dental, or other remedial care treatment or examination to be rendered to the above named youth by licensed practitioners as may from time to time appear necessary. This consent specifically includes authorization for any immunizations that may be necessary to bring the youth up-to-date in accordance with current public health guidelines.

I hereby authorize any medical facility/mental health facility to release any and all records pertaining to the medical history, services rendered, or treatment given to the above named youth. This includes conditions related to alcohol and /or drug abuse treatment.

This consent includes psychiatric evaluation only and I understand that prescribing or administering psychotropic medication and/or admittance to a mental health facility for in-patient treatment requires further authorization. This authorization shall remain effective until revoked by a written notice delivered to the Probation Officer of Riverside County.

I have read or had read to me the foregoing and understand the same.

\_\_\_\_\_  
Parent/Legal Guardian Relationship Date  
\_\_\_\_\_  
Witness Youth's Social Security Number

If medical and/or hospitalization policies provide coverage for your child, please indicate:

\_\_\_\_\_  
Name and Address of Company

\_\_\_\_\_  
Coverage Provider Policy Number

NOTE: reports of medical, surgical, or dental procedures shall be sent to:

- Physician, Riverside Juvenile Hall, 3933 Harrison Street, Riverside, CA 92503
- Physician, Indio Juvenile Hall, 47-665 Oasis Street, Indio, CA 92201
- Physician, Southwest Juvenile Hall, 30755-C Auld Road, Murrieta, CA 92563
- Physician, Alan M. Crogan – Youth Treatment & Education Center, 10000 County Farm Rd, Riverside, CA 92503



# RIVERSIDE COUNTY PROBATION DEPARTMENT

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## CONDADO DE RIVERSIDE DEPARTAMENTO DE PROBACION CONSENTIMIENTO PARA EXAMEN Y TRATAMIENTO MEDICO

(ESPANOL)

\_\_\_\_\_ / \_\_\_\_\_  
Nombre del Menor J# CID#

Yo autorizo y doy consentimiento a cualquier medico cirujano, dentista, o otro cuidado, tratamiento o examen que sea practicado al menor mencionado por un practicante aprobado cuando sea necesario. Este consentimiento especificadamente incluye autorizacion de vacunas contra enfermedades si son necesarias para que el menor esta al corriente de acuerdo a las guias del Departamento de Salud Publica.

Yo autorizo cualquier clinica medica o psiquiatra de proveer informacion referente al historial medico, servicios otogados o tratamiento que haya recibido el menor mencionado. Este incluye condiciones relacionadas al tratamiento del abuso de alcohol o droga.

Este consentimiento incluye solamente evaluacion psiquiatrica y comprendo que el administrar o recetar medicina psiquiatrica o el ser admitido a un centro mental requiere autorizacion adicional. Esta autorizacion debera permancer en efecto hasta que sea reschасada por escrito y entregado al Oficial de Probacion del Condado de Riverside.

Yo he leído o me han leído el consentimiento y entiendo el conenido.

_____	_____	_____
Padre o Guardiano	Relacion	Fecha
_____	_____	
Testigo	Seguro Social del Menor	

Si tiene plan medico y/o hospitalization para el cuidado de su hijo/hija, favor de indicar:

_____	
Nombre Y Domicilio de la Compania	
_____	_____
Cuidado Proveido	Numero de Poliza

NOTE: Reportes medicos, cirujanos, o procedimientos dentales deben ser enviados a:

- Physician, Riverside Juvenile Hall, 3933 Harrison Street, Riverside, CA 92503
- Physician, Indio Juvenile Hall, 47-665 Oasis Street, Indio, CA 92201
- Physician, Southwest Juvenile Hall, 30755-C Auld Road, Murrieta, CA 92563
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