



**MONTANA STATE PRISON
HEALTH SERVICES OPERATIONAL PROCEDURE**

Procedure No.: MSP HS G-05.0	Subject: INFORMED CONSENT
Reference: NCCHC Standard P-G-05, 2018	Page 1 of 2 and two attachments
Effective Date: November 1, 2010	Revised: December 31, 2019
Signature / Title: /s/ Cindy Hiner / Medical Bureau Chief	
Signature / Title: /s/ Paull Rees M.D. / Medical Director	

I. PURPOSE

To identify circumstances under which risks and benefits of medical intervention are explained to the patient.

II. DEFINITIONS

Informed Consent – written agreement by a patient to a treatment, examination, or procedure after patient receives the material facts about the nature, consequences, and risks of the proposed treatment, examination, or procedure; the alternatives to it, and the prognosis if the proposed action is not undertaken.

Invasive Care – care above and beyond “Routine Care” examples would be, invasive procedures including surgeries, invasive diagnostic testing, dental extractions or reconstructive work, and inpatient/outpatient surgeries including meditations that would require consent in a community setting.

Routine Care/Non-Invasive Care – medical procedure that does not penetrate or break the skin or body cavity, i.e., physical evaluation, vital signs, medication administration, dressing change, and basic diagnostic tests to include inpatient infirmary care and treatment.

III. PROCEDURES

A. Routine Care

1. During the receiving screening process medical staff will inform each inmate of the definition for “Routine Care”.
2. Inmate will be requested to sign written agreement for consent to “Routine Care”.

B. Invasive Care

1. At any time that medical care or treatment considered invasive, is provided, and there is risk and benefit to the patient, informed consent is documented on an appropriate care agreement containing the signatures of the patient and health services staff witness.
2. Inmates receiving care from outside facilities/specialties will receive facility specific informed consent prior to procedure.

C. Documentation

1. The consent for Routine Care or Invasive Care will be preserved in the patient’s permanent health record under the consults tab.
2. Consent for invasive dental procedures will be preserved in the patient’s dental record utilizing a dental consent for procedure form.

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3. Consent for administration of psychotropic medications will be included in the original routine care agreement initiated upon intake and preserved in both the inmates' permanent health record and also in individual mental health files. Exceptions would be forced psychotropic medications which will follow *MSP HS G-03.0 Involuntary Psychotropic Medication Administration*.

D. Exceptions to Informed Consent

1. Certain situations do not require health care staff to obtain informed consent. Examples of exceptions are:
 - a. life threatening conditions that require immediate medical intervention for the safety of the patient;
 - b. emergency care of a patient who does not have the capacity to understand the information given; and
 - c. certain public health matters.

IV. CLOSING

Questions concerning this operational procedure will be directed to the Clinical Services Manager.

V. ATTACHMENTS

Informed Clinical Consent

attachment A

Consent for Routine Medical, Dental, Mental Health Services

attachment B



**DEPARTMENT OF CORRECTIONS
MONTANA STATE PRISON**

INFORMED CLINICAL CONSENT

I understand that the following clinical procedure; _____
Is recommended by _____.

(MDOC Health Care Provider Name)

I have received a clear explanation of my condition, the recommended clinical procedure, the probability of success, treatment alternatives and post procedure expectations/care.

The expected benefit(s) from this clinical procedure is/are _____

I have been advised of any significant risks in relation to this clinical procedure. The following reasonably foreseeable risks were discussed: _____

I understand that if the procedure is NOT performed the possible risks are: _____

I am aware of my right to give informed consent or informed refusal I, give
my informed consent to the recommended procedure. *(do or do not)*

Patient comments: _____

Signature of Patient _____ Date/Time _____

Signature of Witness _____ Date/Time _____

Patient Refused to Sign _____ Date/Time _____

Witness Signature



Dental, Medical, and Mental health services at Montana State Prison are provided by qualified health professionals. If necessary, you may receive routine services from a dentist, dental hygienist, physician, nurse practitioner, physicians assistant, psychiatrist, clinical psychologist, mental health specialist, psychiatric nurse, registered nurse, licensed practical nurse, and/or a mental health technician.

Routine medical services available to you at Montana State Prison include:

- Oral, intramuscular, and intravenous Medication administration
- Medical/physical assessment
- Outpatient clinical services
- Routine diagnostic testing i.e. lab draws, urinalysis
- Infirmery inpatient care

Routine dental services available to you at Montana State Prison include:

- Exams/Cleanings
- Routine diagnostic testing
- Fillings, impressions, crowns

Mental health services available to you at Montana State Prison include:

- Mental health assessments
- Psychological testing
- Emergency mental health evaluations
- Psychiatric medication treatment
- Inpatient mental health treatment
- Outpatient mental health treatment
- Disciplinary segregation assessments
- Parole assessments

You may participate in these services, depending on your individual needs. You have the right to refuse services at any time.

The Department of Corrections and Montana State Prison personnel have set up policies and procedures designed to keep the information confidential and only available to staff members with a need to know the information for treatment, classification, security, or parole purposes.

Health services staff are obligated to break confidentiality and report any threat of harm to yourself, threat of harm to others, child abuse, elder abuse, or threat of escape.

The information you provide to health services staff will be documented and kept in files. In general, the information will not be released to third parties without your written consent.

I have read or have had read to me, and understand, the above information. My questions about Health Services have been answered. Any invasive procedures will require informed consent prior to or at the time of the needed procedure. I consent to participation in Medical, Dental, and Mental Health Services in Montana State Prison:

Printed Name: _____

Signature: _____ **Date** _____

DOC ID Number: _____

Witness Name: _____

Witness Signature: _____ **Date** _____