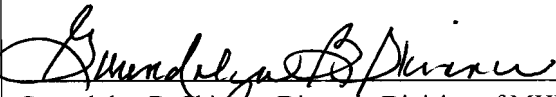


Georgia Department of Human Resources Division of Mental Health, Developmental Disabilities & Addictive Diseases	DMHDDAD POLICY # 2.100 DHR Online Directive Information System (ODIS) Directive #6811.8.1 Page 1 of 8
ODIS Policy: Maintenance of Safety for Division of MHDDAD Consumers and Staff Subject: Informed Consent and Involuntary Administration of Psychotropic Medication in DHR Hospitals	
Applicability: Hospitals operated by the DHR Division of Mental Health, Developmental Disabilities and Addictive Diseases	Original Policy Date: July 1, 1994 Revised Date: November 16, 2007 Revised Policy Effective Date: January 1, 2008 Approved:
References: Official Code of Georgia Annotated (O.C.G.A.) §37-3-148; §37-4-108; §37-7-148; §37-7-162; §37-4-122; §37-3- 162; §37-3-163; §37-7-163; §37-4-123; §31- 9-1 et seq. Rules and Regulations for Patient's Rights, Chapter 290-4-6.07	 Gwendolyn B. Skinner, Director, Division of MHDDAD
Attachments: <u>Attachment A</u> - Informed Consent for Medication Form <u>Attachment B</u> - Involuntary Administration of Psychotropic Medication Form <u>Attachment C</u> - Notice of Consumer's Rights Regarding Clinical Review Panel for Involuntary Administration of Psychotropic Medication <u>Attachment D</u> - Clinical Review Panel Decision on Involuntary Administration of Psychotropic Medication	

INFORMED CONSENT AND INVOLUNTARY ADMINISTRATION OF PSYCHOTROPIC MEDICATION IN DHR HOSPITALS

The Division of Mental Health, Developmental Disabilities and Addictive Diseases recognizes an individual's right, except as outlined in this policy, to exercise informed consent to treatment prior to an initial administration of psychotropic medication and throughout the course of treatment with such medication. The Division seeks to assure that each individual receiving psychotropic medication as a part of his/her treatment is aware of the benefits, side effects, and risks associated with such medication and the available treatment alternatives. All medications are used solely for the purposes of providing effective treatment and protecting the safety of the consumer and other persons and not as punishment or for staff convenience. Assessment of capacity and safety determine whether involuntary administration of medication is necessary. On-going re-assessments of capacity and safety at prescribed intervals determine whether involuntary administration of medications remains necessary.

APPLICABILITY

This policy is applicable to all of the hospitals operated by the Division of Mental Health, Developmental Disabilities and Addictive Diseases. In the rare instance in which a court order has been issued to force medicate a forensic consumer to attain trial competency and the consumer otherwise would not meet the guidelines set out in this policy, the case is reviewed on an individual basis by the Hospital Clinical Director, Division Medical Director, Division Forensic Director, and Division Legal Officer to ensure compliance with standards set out in Sell v. United States, 539 U.S. 166 (2003).

DIVISION: MHDDAD	SUBJECT: INFORMED CONSENT AND INVOLUNTARY ADMINISTRATION OF PSYCHOTROPIC MEDICATION IN DHR HOSPITALS	DMHDDAD Policy # 2.100; ODIS POLICY # 6811.8.1
		PAGE 2 OF 8

DEFINITIONS

Clinical Review Panel - A panel of three persons appointed by the Hospital Clinical Director consisting of two physicians and one person from another discipline allied with direct consumer care, none of whom are members of the consumer's treatment team.

Consent by Guardian – The choice of a person authorized by law to make choices on behalf of a consumer who is a minor or when an adult consumer has been judicially determined to be incompetent.

Decision-making Capacity - The ability of a consumer who has not been declared incapacitated by a court, and who does not have an appointed guardian, to make choices that reflect an understanding and appreciation of the nature and consequences of their actions, including the likelihood of therapeutic benefit and the risk of side effects and possible treatment alternatives.

Extra-pyramidal Side Effects – Those known side effects of some psychoactive medications which affect muscle and nerve functioning outside the pyramidal tract of the brain. These side effects are commonly treated with additional medication, which is not considered to be Psychotropic Medication.

Informed Consent - The voluntary, knowing choice of a person with decision-making capacity, or of others who are authorized by law to make this choice on behalf of a consumer who does not have such capacity.

Psychotropic Medication - Those medications categorized as antipsychotic, anti-manic, antidepressant, anti-anxiety, and anti-obsessive drugs as well as other medications employed as treatment of psychiatric disorders. This does not include medications typically prescribed for extra-pyramidal side effects.

Treatment Team – An interdisciplinary group which is engaged in providing collaborative treatment to a consumer.

Unsafe - A mental state and/or pattern of behavior with a significant risk for actions injurious to self or others.

PROCEDURES

I. Informed Consent for Medication

A. **Assessment of Capacity for Consent to Medication**

DIVISION: MHDDAD	SUBJECT: INFORMED CONSENT AND INVOLUNTARY ADMINISTRATION OF PSYCHOTROPIC MEDICATION IN DHR HOSPITALS	DMHDDAD Policy # 2.100; ODIS POLICY # 6811.8.1
		PAGE 3 OF 8

- 1) The physician, with input from the Treatment Team, conducts an assessment of the consumer's decision-making capacity. In all cases, the physician documents the basis for his/her decision in the clinical record.
- 2) The assessment of capacity by the physician is based upon, but not limited to, the following:
 - a) Mental status exam;
 - b) Recent behavior; and
 - c) Psychosocial data.
- 3) When the consumer is presented with information about medication, the physician determines:
 - a) Whether or not the consumer is physically and mentally able to understand the information, and
 - b) The consumer's ability to make and express a decision about medication.
- 4) The consumer's capacity is documented on the **Informed Consent for Medication Form** (See Attachment A) and signed by the physician.

B. Obtaining Informed Consent

- 1) The physician is responsible for discussing the medication, reason for use, side effects, risks and alternatives with the consumer and for obtaining the signature of the consumer prior to the initial administration of psychotropic medication.
- 2) To ensure that maximum education is provided to the consumer regarding the specific medications prescribed for them, the consent form includes the specific medications being prescribed at that time. When other psychotropic medications are prescribed by the physician, a new consent form is completed for the specific medication prescribed.
- 3) The physician is responsible for ensuring that the communication about medications is done in a manner commensurate with the consumer's abilities of comprehension and understanding. Such disclosures must be made unless the disclosure to the consumer is determined by the chief medical officer or the consumer's treating physician to be detrimental to the consumer's physical or mental health, in which case a notation to that effect is made in the consumer's record.
- 4) The attending physician is responsible for completing the remainder of the **Informed Consent for Medication Form** and ensuring that it is properly signed and placed in the consumer's clinical record.
- 5) If the consumer refuses to sign the **Informed Consent for Medication Form** but consents orally to treatment with psychotropic medication, the attending physician must have the consumer's oral consent witnessed by two members of the hospital

DIVISION: MHDDAD	SUBJECT: INFORMED CONSENT AND INVOLUNTARY ADMINISTRATION OF PSYCHOTROPIC MEDICATION IN DHR HOSPITALS	DMHDDAD Policy # 2.100; ODIS POLICY # 6811.8.1 PAGE 4 OF 8
----------------------------	---	--

staff, indicating in writing on the consent form that the consumer has consented orally in the presence of two witnesses. Both the physician and the witnesses sign the consent form.

- 6) If the consumer refuses to consent to the recommended medication, the physician must determine whether that refusal would result in the consumer being unsafe to him/herself or others. If the consumer is or would be unsafe without medication, the physician proceeds according to this policy regarding involuntary administration of medication.

II. Involuntary Administration of Psychotropic Medication

A. Assessment of Capacity and Safety prior to Administration of Involuntary Medication

- 1) The physician, with input from the Treatment Team, conducts an assessment of the consumer's decision-making capacity and safety. In all cases, the physician documents the basis for his/her decision in the clinical record.
- 2) The factors that the physician uses to complete the assessment of capacity and safety include, but are not limited to, the following:
 - a) Mental status exam;
 - b) Recent behavior; and
 - c) Psychosocial data.
- 3) When the consumer is presented with information about medication, the physician determines:
 - a) Whether or not the consumer is physically and mentally able to understand the information, and
 - b) The consumer's ability to make and express a decision about medication.
- 4) The consumer's capacity and safety is documented on the **Involuntary Administration of Medication Form** (See Attachment B) and signed by the physician.

B. Criteria for administration of psychotropic medication without the consent of the consumer

The following constitute the criteria under which psychotropic medication may be administered without the consent of the consumer:

- If the consumer is physically unable to consent and the physician determines that the consumer is or would be unsafe without medication; **OR**

DIVISION: MHDDAD	SUBJECT: INFORMED CONSENT AND INVOLUNTARY ADMINISTRATION OF PSYCHOTROPIC MEDICATION IN DHR HOSPITALS	DMHDDAD Policy # 2.100; ODIS POLICY # 6811.8.1 PAGE 5 OF 8
----------------------------	---	--

- If the attending physician has determined that a consumer lacks decision-making capacity and the physician determines the consumer is or would be unsafe without medication; **OR**
- If the consumer has the capacity to consent but does not consent and the physician determines that the consumer is or would be unsafe without medication.

If the consumer meets any of these criteria, the physician documents this information on the **Involuntary Administration of Psychotropic Medication Form** (See Attachment B)

There are important timeframes regarding the involuntary administration of psychotropic medications. The specific requirements are detailed below.

C. Initial Emergency Treatment with Involuntary Medication Administration: up to 72 hours

If the consumer is unsafe without medication in accordance with the criteria outlined in this policy, psychotropic medication may then be administered involuntarily for a period not to exceed seventy-two (72) hours. Documentation of this decision is completed on **Involuntary Administration of Psychotropic Medication Form** (See Attachment B)

D. Continued Involuntary Medication Administration: 72 hours to 30 days

- 1) Prior to the end of the seventy-two hour period, if the consumer continues to refuse medication after the initial emergency treatment with involuntary medication administration, the physician must obtain a concurring opinion from a second physician in order to continue involuntary medication. The outcome of this concurring opinion is documented on the **Involuntary Administration of Psychotropic Medication Form**.
- 2) If the two physicians concur, the continued need for medication must be noted as a separate problem in the Individualized Treatment Plan or Individualized Service Plan, and the medication may be continued for up to an additional thirty (30) days, provided that a review is conducted at least every seven (7) days.
- 3) At each seven-day review during the 30 day period:
 - a) The physician, with input from the treatment team, must determine whether the consumer continues to lack capacity or continues to be physically unable to consent to medication.
 - b) If capacity is found to be restored, the physician seeks informed consent from the consumer.
 - c) If the consumer continues to lack decision making capacity, the physician, with input from the treatment team, determines whether the consumer would be unsafe without medication.

DIVISION: MHDDAD	SUBJECT: INFORMED CONSENT AND INVOLUNTARY ADMINISTRATION OF PSYCHOTROPIC MEDICATION IN DHR HOSPITALS	DMHDDAD Policy # 2.100; ODIS POLICY # 6811.8.1 PAGE 6 OF 8
----------------------------	---	---

- d) The conclusion of the review and the basis for such conclusion is to be documented in the clinical record by the physician.
- e) The physician writes an order in the clinical record to discontinue medication if:
 - A consumer who previously lacked decision-making capacity is now determined to have decision-making capacity and refuses to consent, OR
 - The consumer would no longer be unsafe if not medicated.

E. Continued Involuntary Medication Administration: 31 days to 60 days

If, after thirty days, the physician still considers the consumer to be physically unable to consent, to lack capacity to consent or the consumer refuses to consent, and the consumer would be unsafe without the medication, the physician must obtain a concurring opinion from a second physician in order to continue involuntary medication. If the two physicians concur, involuntary medication may be continued for up to an additional thirty (30) days, provided that the physician, with input from the treatment team, reviews the case every seven (7) days. Documentation of this decision is completed on **Involuntary Administration of Psychotropic Medication Form**.

F. Continued Involuntary Medication Administration: beyond 60 days

- 1) **IF**, at the end of 60 days from the initial seventy-two hour period of involuntary medication, the consumer's physician determines that psychotropic medication should be continued, **AND** either of the following is true:
 - The consumer continues to lack decision-making capacity, there is no authorized person available to give consent, and the consumer would be unsafe without medication; OR
 - The consumer with capacity to consent continues to refuse psychotropic medication, and the consumer's refusal would be unsafe;

THEN the attending physician requests a Clinical Review. The Clinical Review is held within ten days of the request, during which time the medication may be continued.
- 2) As soon as possible after the Clinical Review date is set, but no later than 72 hours prior to the time of the Clinical Review, the consumer and, if applicable, person authorized to consent are given the **Notice of Consumer's Rights Regarding Clinical Review Panel for Involuntary Administration of Psychotropic Medication** (See Attachment C).
- 3) The attending physician presents the case to the Clinical Review Panel. After the attending physician presents the case, the Clinical Review Panel interviews the consumer and other persons present with pertinent information. The Clinical Review Panel determines whether the consumer would be unsafe without involuntary medications, and whether the consumer has the capacity for consent.

DIVISION: MHDDAD	SUBJECT: INFORMED CONSENT AND INVOLUNTARY ADMINISTRATION OF PSYCHOTROPIC MEDICATION IN DHR HOSPITALS	DMHDDAD Policy # 2.100; ODIS POLICY # 6811.8.1 PAGE 7 OF 8
----------------------------	---	---

- 4) A decision by two out of three members of the Clinical Review Panel constitutes the Panel's decision. The Clinical Review Panel renders a decision within two (2) business days of the conclusion of the meeting. The attending physician ensures that the decision of the Clinical Review Panel is documented on the form titled **Clinical Review Panel Decision on Involuntary Administration of Psychotropic Medication** (See Attachment D).
- 5) If the Clinical Review Panel decides that the consumer has regained the capacity to give or refuse consent to medication, or that involuntary medication should be discontinued for any reason, the attending physician either:
 - a) proceeds to obtain voluntary consent, as described above, **OR**
 - b) within twenty-four (24) hours of receipt of the Clinical Review Panel's decision, writes an order in the consumer's medical record discontinuing involuntary medication.
- 6) If the Clinical Review Panel determines that the consumer still lacks capacity to give or refuse consent **OR** that the consumer has decision-making capacity but refuses medication **AND** the consumer would be unsafe without medication; then the Panel authorizes continued involuntary administration of psychotropic medication.
- 7) If the Clinical Review Panel has determined that the consumer should continue to receive involuntary administration of psychotropic medication, the attending physician, in consultation with the Treatment Team, conducts a review of the consumer's status at least every 30 days for as long as the consumer continues to receive medication involuntarily. These reviews determine whether the consumer's capacity has been restored if it was lacking, and/or whether the consumer would be unsafe without the medication. The Treatment Team routinely monitors the consumer's status, noting in the progress notes any indications that may suggest a change of capacity or safety status. If the Clinical Review Panel determined that the consumer with developmental disabilities is "unlikely to be restored" the Treatment Team continues to monitor capacity during the ensuing year but formal 30 day reviews are not required.
- 8) The authorization for involuntary administration of psychotropic medications provided by the Clinical Review Panel does not, in any circumstance, extend beyond one calendar year from the date of the decision. Prior to the end of that year, a Clinical Review Panel must meet and determine, as described above, if that consumer continues to meet the criteria for involuntary administration of psychotropic medications in order for the involuntary administration to continue.
- 9) During every Clinical Review Panel, the consumer is informed that he/she may ask for a review of the Clinical Review Panel's decision by the Hospital Clinical Director and that the review process does not compromise or preclude the consumer's access to any external processes, including legal action brought through the court system. The

DIVISION: MHDDAD	SUBJECT: INFORMED CONSENT AND INVOLUNTARY ADMINISTRATION OF PSYCHOTROPIC MEDICATION IN DHR HOSPITALS	DMHDDAD Policy # 2.100; ODIS POLICY # 6811.8.1
		PAGE 8 OF 8

attending physician is responsible for informing the consumer of his/her right to file a consumer rights complaint or request a judicial review.

- 10) For consumers with developmental disabilities who do not have capacity to consent or refuse medications, **AND** who do not have a guardian, their family members are consulted regarding the use of psychotropic medication and invited to provide their input. The family's agreement with the use of medications is in no way a legal consent document, but does indicate that the family representative, acting as an advocate for the consumer, has received information regarding the medication and does not object to its use. Regardless of whether the family has agreed or not, the processes in this policy regarding involuntary administration of medications must be followed, including the Clinical Review Panel process.

INFORMED CONSENT
FOR MEDICATION FORM

CONSUMER IDENTIFICATION

This consumer is:

- An adult without court-appointed guardian of the person.
(Continue immediately below, using **A. CAPACITY**)
- A minor or adult with court appointed guardian of the person, and consent can be obtained from the parent or legal custodian of a minor or the guardian of an adult.
(Continue below, using **B. INFORMED CONSENT TO PSYCHOTROPIC MEDICATION**).

A. CAPACITY

I (Physician name) _____ have examined _____ to determine whether this person has the capacity to understand and appreciate the nature and consequences of his/her actions, including the likelihood of therapeutic benefit of medication and the risk of side effects and possible treatment alternatives, and I find that he/she:

- Does have mental and physical capacity and is willing to consent.
(Continue below with **B. INFORMED CONSENT TO PSYCHOTROPIC MEDICATION**)
- Does have mental and physical capacity and is unwilling to consent but is not unsafe.
(Comply with consumer's right to decline medication.)

Reasons (if not already documented in the consumer's record):

Physician signature _____ Date _____ Time _____

Physician's printed name _____

B. INFORMED CONSENT TO PSYCHOTROPIC MEDICATION

NAMES OF MEDICATION(S) to which the consumer is consenting on this date:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

In general terms, I have discussed the above medication(s) with the consumer /parent/legal custodian/guardian. Expected results, common side effects, and possible risks were discussed and presented in a clear and reasonable manner consistent with his/her abilities of comprehension and understanding. Alternate treatments (including no treatment and its consequences) were also discussed. I also informed this person that he/she could refuse

medication and/or could withdraw consent. I informed him/her that if such refusal would be unsafe to the consumer or others, the consumer may be medicated involuntarily. I have informed this person of his/her right to file a human rights complaint or to seek judicial protection of consumer's rights or privileges by law.

Physician signature _____ Date _____ Time _____

Physician's printed name _____

WRITTEN CONSENT: The above-named physician explained the benefit(s) and the effects of the above medication(s).

I understand and consent to this medication as ordered by the physician and agree to report any changes in my/the consumer's condition. I also understand that I may refuse to take medication when it is offered and/or revoke consent at any time. I understand that if such refusal would be unsafe to the consumer or others, medication may be given involuntarily. I understand I have the right to file a human rights complaint or to seek judicial protection of consumer's rights or privileges as provided by law.

Consumer/Parent/Legal custodian/Guardian signature Date Time

Staff/Witness/Title Date Time

ORAL CONSENT: If by anyone other than consumer, written consent must be obtained subsequently:

Physician signature Date Time

Staff/Witness/Title Date Time

Staff/Witness/Title Date Time

I REVOKE MY CONSENT:

Consumer/Parent/Legal Custodian/Guardian Date Time

Staff Witness Date Time

**INVOLUNTARY ADMINISTRATION OF
PSYCHOTROPIC MEDICATION FORM**

CONSUMER IDENTIFICATION

This consumer is:

- An adult without court-appointed guardian of the person.
(Continue immediately below, using **A. CAPACITY**)
- A minor or adult with court appointed guardian of the person, consent cannot be obtained, and the consumer is unsafe. (Continue below, using **B. INVOLUNTARY MEDICATION ADMINISTRATION**).

A. CAPACITY AND SAFETY

I (Physician name) _____ have examined _____ to determine whether this person has the capacity to understand and appreciate the nature and consequences of his/her actions, including the likelihood of therapeutic benefit of medication and the risk of side effects and possible treatment alternatives, and I find that he/she:

- Does have mental and physical capacity and is unwilling to consent but is unsafe.
(Continue below with **B. INVOLUNTARY MEDICATION ADMINISTRATION**)
- Is a child or adult with court appointed guardian, consent is not available and consumer is unsafe.
(Continue below with **B. INVOLUNTARY MEDICATION ADMINISTRATION**)
- Does have mental and physical capacity and is unwilling to consent but is NOT unsafe. (Comply with consumer's right to decline medication.)
- Does not have mental and/or physical capacity and is unsafe.
(Continue below with **B. INVOLUNTARY MEDICATION ADMINISTRATION**)
- Does not have mental and/or physical capacity and is NOT unsafe.
(Do not proceed with involuntary medication administration.)

Reasons (if not already adequately documented in the consumer's record):

Physician signature _____ Date _____ Time _____

Physician's printed name _____

B. INVOLUNTARY MEDICATION ADMINISTRATION

1. Emergency Administration (Maximum 72 Hours):

The consumer is unsafe to self or others because:

Medications prescribed for involuntary administration are documented in the consumer's medical record. I understand that medication must be discontinued if at any time consumer would not be unsafe without medication and does not give informed consent to medication – i.e., their capacity or safety has changed.

Physician signature _____ Date _____ Time _____

Physician's printed name _____

72 HOUR REVIEW IS DUE BY: Date _____ Time _____

2. First Review by Concurring Physician

- Due within 72 hours of initiation of involuntary medication, and
- Requires attending physician review every 7 days (documented in progress notes)
- Expires after 30 days.

Within the past 72 hours, the physician determined that the consumer needed to be medicated involuntarily because he/she would be unsafe to self or others if not medicated.

My opinion is:

- The consumer would be unsafe to self or others if not medicated.
- The consumer would not be unsafe to self or others if not medicated, therefore may not be medicated involuntarily.

Reason(s):

I understand that medication must be discontinued if at any time the consumer would not be unsafe without medication and does not give informed consent to medication.

Physician signature _____ Date _____ Time _____

Physician's printed name _____

30 DAY REVIEW IS DUE BY: Date _____ Time _____

3. 30-Day Review

- Attending Physician must review every 7 days (documented in progress notes)
- Expires after 30 Days
- Two Physicians must concur in order to continue involuntary medication

First Physician's printed name _____

My opinion is:

- The consumer would be unsafe to self or others if not medicated.
- The consumer would not be unsafe to self or others if not medicated, therefore may not be medicated involuntarily (physician must write an order to discontinue medication.)

Reason(s):

I understand that medication must be discontinued if at any time the consumer would not be unsafe without medication and does not give informed consent to medication.

First physician signature _____ Date _____ Time _____

Second Physician's printed name _____

My opinion is:

- The consumer would be unsafe to self or others if not medicated.
- The consumer would not be unsafe to self or others if not medicated, therefore may not be medicated involuntarily (first physician must write an order to discontinue medication.)

Reason(s):

I understand that medication must be discontinued if at any time the consumer would not be unsafe without medication and does not give informed consent to medication.

Second physician signature _____ Date _____ Time _____

NOTE:

The next level of review is the Clinical Review Panel. See DHR-MHDDAD Policy 2.100 Attachment D – Clinical Review Panel Decision on Involuntary Administration of Psychotropic Medication.

CLINICAL REVIEW PANEL IS DUE BY: Date _____

**NOTICE OF CONSUMER'S RIGHTS
REGARDING CLINICAL REVIEW PANEL FOR
INVOLUNTARY ADMINISTRATION OF
PSYCHOTROPIC MEDICATION**

CONSUMER IDENTIFICATION

To:

Date:

Your physician has determined that you should continue to receive psychotropic medication involuntarily. The physician has asked the Clinical Review Panel to meet to review that decision. The clinical review is intended to review relevant clinical information in order to determine (1) whether psychotropic medication should continue, and if so, (2) whether you have the capacity to consent to psychotropic medication.

Your treating physician is:

Your diagnosis is:

You are receiving the following type(s) of medication(s):

The physician's reason(s) for continued medication and, if applicable, for determining that you lack the capacity to consent to medication is:

The Clinical Review Panel will meet in _____ at _____ on _____

The following people may be involved in presentation of the case to the Clinical Review Panel:

- | | |
|-----------|---------------------------|
| (1) _____ | Title/Relationship: _____ |
| (2) _____ | Title/Relationship: _____ |
| (3) _____ | Title/Relationship: _____ |

You may be present for the Clinical Review Panel meeting. If someone is currently authorized to consent to your medication, that person may also attend the meeting. You will be interviewed, and you may have representatives, family, friends or others to present pertinent information to the panel. The Panel has the discretion to decide whether the information offered is relevant. You have the right to request assistance from a member of the Human Rights Committee. This review process does not compromise or preclude your access to any external processes, including legal action brought through the court system.

I have received this form and have had a chance to ask questions:

_____	_____	_____	Staff Initials
Consumer	Date	Time	

COPIES SENT TO:

- | | |
|--|-------|
| <input type="checkbox"/> Person Authorized To Consent To Medication (if any) Name: _____ | _____ |
| Relationship: _____ | _____ |
| <input type="checkbox"/> Parent | _____ |
| <input type="checkbox"/> Guardian | _____ |
| <input type="checkbox"/> First Representative | _____ |
| <input type="checkbox"/> Consumer's Clinical Record | _____ |

NOTE: This notice must be given to the consumer at least 72 hours before the time of the Clinical Review Panel Meeting

CLINICAL REVIEW PANEL DECISION
ON INVOLUNTARY ADMINISTRATION OF
PSYCHOTROPIC MEDICATION

CONSUMER IDENTIFICATION

The Clinical Review Panel members named below met on _____ to review the case of _____ presented by attending physician _____. This decision has been rendered within two (2) business days of the conclusion of the meeting.

Check All Applicable Boxes:

1. The Consumer:

- does have capacity to consent to psychotropic medication, but does not consent.
- lacks capacity to consent to psychotropic medication.
- a. The Consumer's lack of capacity, if any, is: mental physical
- b. The Consumer is: likely to regain capacity to consent unlikely to regain capacity to consent

Reasons: _____

2. The Consumer lacks physical capacity to consent, and

- would be unsafe to self and others if not medicated.
- would **not** be unsafe to self and others if not medicated.

3. If the Consumer lacks mental capacity to consent, the consumer

- would be unsafe to self and others if not medicated.
- would **not** be unsafe to self and others if not medicated.

For the above reasons, the Panel has determined that:

- Psychotropic medication should be discontinued.
- Psychotropic medication should continue by the consumer's consent.
- Psychotropic medication should continue involuntarily.
- Further clinical review will take place:
- Every thirty days as part of treatment team review, with annual Clinical Panel Review.
- Annually by a Clinical Review Panel, because this is a consumer with developmental disabilities.

The consumer may ask the Chief Medical Officer to review this decision. This review process does not compromise or preclude the consumer's access to any external processes, including legal action brought through the court system.

CLINICAL REVIEW PANEL MEMBERS

_____	MD	_____	Date
_____	MD	_____	Date
_____	Title	_____	Date

COPIES TO:

	Staff Initials		Staff Initials
<input type="checkbox"/> Consumer	_____	<input type="checkbox"/> First Representative	_____
<input type="checkbox"/> Guardian. If Any	_____	<input type="checkbox"/> Consumer's Clinical Record	_____
<input type="checkbox"/> Parent	_____	<input type="checkbox"/> Attending Physician	_____
<input type="checkbox"/> Person Authorized To Consent To Medication (if any) Name:	_____		
Relationship:	_____		