

CENTRAL STATE HOSPITAL  
PROCEDURE

SUBJECT: **NOTIFICATION TO AUTHORIZED REPRESENTATIVE OF HIS/HER RIGHTS TO CONSULTATION AND INVOLVEMENT IN THE CLIENT'S TREATMENT PLAN**

ANNUAL REVIEW MONTH: May

RESPONSIBLE FOR REVIEW: Facility Risk Management Director

LAST REVISION DATE: August 2009

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The objective of this procedure is to insure that appropriate steps are taken for: 1) obtaining client's consent to notify his/her authorized representative of consultation rights concerning the treatment plan; 2) providing proper notification; 3) having authorized representative notify Central State Hospital (CSH) of intent to exercise consultation and notification rights; and 4) obtaining consent to notify the authorized representative when changes are made in the treatment plan or program under section 37-7-164 (Alcohol and Drug) and 37-3-164 (Mentally Ill) of the Official Code of Georgia Annotated.

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Participants: Facility Risk Management Director  
Chief, Psychiatric Services (PS)  
Clinical Director/  
Attending Physician  
Other Appropriate Service Chief Treatment Team  
Admissions  
Legal Services

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**SECTION I**

Clients admitted as voluntary or involuntary under the Official Code of Georgia Annotated (O.C.G.A.) 37-7 or 37-3 who are under eighteen (18) years of age, who have a legal guardian appointed by a Probate Court.

**Service Chief, PS/  
Legal Services**

1. Complete form CSH-180 (Rev. 6/87), Notice to Representatives-Consultation and Notification Rights, in duplicate, for all admissions admitted under O.C.G.A. 37-7 and 37-3, who are under eighteen (18) years of age, and have a legal guardian.

2. Distribute completed form to:
  - a. authorized representative (legal guardian parent).
  - b. medical record.
3. Address "Return To" portion of the form to the appropriate service chief.

**Service Chief/Designee**

1. Notify the authorized representative of the scheduled conference to discuss the treatment plan, if he/she has expressed an interest in consulting with the treatment team.
2. Insure that any action taken to notify the authorized representative is documented in the medical record on the progress notes.

**Physician/Treatment Team**

1. Establish and plan a course of action to obtain treatment goals.
2. Determine if changes made in treatment plan are substantial (see pages 5 and 6 for definition).

**Service Chief**

1. Notify the authorized representative at least seven (7) days before a substantial change is made in the treatment plan. (This written notification will be in letter for-mat and will include the substantial change, name of the person to contact, and date the change will occur.)
2. Place a copy of the written notification in the medical record.

**Emergency change in treatment plan**

In an emergency, where delay may create serious damage to the health of the client in the opinion of the clinical director, such a change may be made without prior notification.

**Service Chief**

1. Insure that the specific circum-stances surrounding the emergency are documented in the medical record on the progress notes.
2. Notify the authorized representative within five (5) working days after such change occurs. Notification to the authorized representative may be made by

telephone if the date and the time of notification is entered in the medical record, and if such action is followed by a written notification within fifteen (15) days. (This written notification will be in letter format and will include the substantial change, name of the person to contact, and the date it occurred.)

3. Place a copy of the written notification in the medical record.
4. Provide annual notice to authorized representative(s) [including legal guardian or client(s), when appropriate].

**Risk Management**  
**Director/Designee**

1. Complete form CSH-180 in duplicate, for:
  - a. involuntary clients - at the time of the annual Continued Hospitalization review; and
  - b. voluntary clients - every other time the Notice of Right to Request Discharge is distributed.
2. Distribute copies of the completed form to:
  - a. authorized representative; and
  - b. medical record.
3. Address the "Return To" portion of the form to the appropriate service chief.

**Service Chief**

1. Notify the authorized representative of the scheduled conference to discuss the treatment plan, if the authorized representative expresses an interest in consulting with the treatment team.
2. Insure that any action taken to notify the authorized representative is documented in the medical record on the progress notes.

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**SECTION II**

Legally competent adult clients admitted as voluntary and in- voluntary admissions under Official Code of Georgia Annotated 37-7 and 37-3.

**PS Service Chief/**  
**Admission**

1. Imprint client's stamp plate on the lower right corner of form CSH-179 (Rev. 6/87), Notice of Representative's Consultation Rights.

2. Forward form CSH-179 to the appropriate service area.

**Service Chief/  
Designee**

1. Have the contents of form CSH-179 explained to the client. Indicate on the form the client's consent or objection and have the client sign and date the form. If the client either refuses or is unable to indicate either consent or objection, this should be treated as consent.
2. Witness, sign and date the form.
3. Place the original form in the medical record and forward one (1) copy to Legal Services.
4. Return form CSH-179, along with a documentation of the client's notice, to Legal Services. Notify the authorized representative of whom to consult.

**Attending Physician**

If client's condition is such that it precludes him/her from consenting or objecting, document client's condition in the medical record.

**Service Chief**

Have form CSH-179 placed in the medical record if client has objected.

**Legal Services**

1. Complete form CSH-180 in duplicate if:
  - a) the client gives consent; or
  - b) the client's condition is such that it precludes him/her from consenting or objecting, or
  - c) the client refuses to indicate consent or objection.
2. Distribute completed form to:
  - a) authorized representative; and
  - b) medical record.
3. Address "Return To" portion of the form to the appropriate service chief.

**Service Chief**

1. Notify the authorized representative of the scheduled conference to discuss the treatment plan

if client does not object and the authorized representative has expressed an interest in consulting with the treatment team.

2. Document all action taken to notify the authorized representatives in the medical record on the progress notes.

**Physician/Treatment Team**

Establish and plan a course of action to obtain treatment goals.

**Substantial changes in treatment plan**

Substantial change means a significant change including, but not limited to, transfer of a client from a unit primarily serving clients under eighteen (18) years of age to a unit primarily serving clients eighteen (18) years of age or over, or the transfer of a client from one facility to another, but shall not include:

- a. change in routine day-to-day care of the client. These changes include decisions concerning grounds privileges, passes and weekend leave.
- b. changes, routine or periodic, or adjustments in medications.
- c. changes relating to routine or necessary medical care needs of the client.
- d. formulation of the initial treatment plan.
- e. changes which are specifically considered in a plan of which the authorized representative has already been given notification.
- f. discharge from the facility.

**Service Chief**

1. Have the client notified seven (7) Days before a substantial change in the treatment plan is made and have form CSH-181 (Rev. 2/84), NOTICE OF REPRESENTATIVE'S NOTIFICATION RIGHTS, completed. Indicate on the form the client's consent or objection and have the client sign and date the form. If the client refuses or is unable to indicate either consent or objection, this should be treated as consent.
2. Have a witness sign and date the form.
3. Have a copy of the form filed in the medical record.

NOTE: If client objects to notification, the procedure stops.

4. Have the authorized representative notified at least five (5) working days prior to substantial change,

if client does not object. Notice may be made by telephone (document in medical record) and followed within fifteen (15) days by written notification. (Written notification will be in letter format which will include substantial change, name of person to contact, and date change will occur.)

5. Have a copy of the written notification filed in the medical record.

**Attending  
Physician**

If client's condition is such that it precludes him/her from consenting or objecting, document client's condition in the medical record.

**Emergency change  
In treatment plan**

In an emergency, where delay due to providing prior notification would, in the opinion of the clinical director, create serious damage to the health of the client, such a change may be made without prior notification.

**Clinical Director/  
Physician**

1. Ascertain if an emergency exists.
2. Ensure that the specific circumstances surrounding the emergency are documented in the medical record.

**Service Chief**

1. Have form CSH-181 completed and notify the adult client within forty-eight (48) hours after the change occurs.
2. Have form served on client and have client consent or object to notification of authorized representative within twenty-four (24) hours.
3. Have the authorized representative notified (if client does not object) within five (5) days. Notification may be made by telephone, if date and time of notification is recorded in client's medical record, and if such notification is followed by written notification within fifteen (15) days. (Written notification will be in letter format which will include substantial change, name of person to contact, and date change occurs.)
4. Have a copy of the written notification filed in medical record.

**Annual communication of notice of authorized representative's consultation rights under Official Code of Georgia Annotated 37-7 and 37-3.**

**Facility Risk  
Management Director**

1. Have the top portion of form CSH-179 completed in duplicate, for:
  - a. involuntary clients - at time of the annual Continued Hospitalization review; and
  - b. voluntary clients - every other time the Notice of Right to Request Discharge is distributed.
2. Have a form forwarded to the individual designated by service chief to serve legal documents in the appropriate service area to which the client is assigned.

**Service Chief/Designee**

1. Have the contents of form explained to client. Determine if client will consent or object, and have client sign and date the form.
2. Have a witness sign and date the form.
3. Have the original form placed in medical record and forward a copy to Legal Services.
4. If the client's condition precludes him/her from consenting or objecting, request the attending physician to document the condition in the medical record.
5. Return form CSH-179, along with a written notice to the Facility Risk Management Office (Attn: Legal Commitment Section), of the client's condition and initiate action notifying authorized representative whom they may consult.
6. Have form CSH-179 placed in the medical record, if client has objected to notification of authorized representative.
7. Have the authorized representative notified of the scheduled conference to discuss the plan if client has not objected to authorized representative consultation rights and authorized representative

expresses an interest in consulting with treatment team.

8. Have action taken to notify the authorized representative documented in the medical record on the progress notes.

**Legal Services**

1. Have form CSH-180 completed in duplicate, if the client gives consent, if the attending physician has indicated that the client is unable to consent or object, or if the client has refused to indicate consent or objection.
2. Have distribution made of the completed form to:
  - a. authorized representative; and
  - b. medical record.
3. "Return To" portion of the form will be addressed to the appropriate service chief.

**Physician/Team**

Establish and plan a course of action to obtain treatment goals.

**Approved:**

**This procedure has been approved by the CEO and CMO on 12/09.**