


CHAPTER Health/Medical	CHAPTER 03	SECTION 001	SUBJECT 05
SECTION Drugs and Medication		DESCRIPTION Medication Consents	
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APPLICATION:

<input checked="" type="checkbox"/> CMH Staff	<input type="checkbox"/> Board Members	<input type="checkbox"/> Provider Network	<input checked="" type="checkbox"/> Employment Services Providers
<input type="checkbox"/> Employment Services Provider Agencies	<input checked="" type="checkbox"/> Independent Contractors	<input type="checkbox"/> Students	<input checked="" type="checkbox"/> Interns
<input type="checkbox"/> Volunteers	<input checked="" type="checkbox"/> Persons Served		

POLICY:

Lapeer County Community Mental Health (LCCMH) obtains informed consent from persons served or their guardian when prescribed medications by an agency prescriber.

STANDARDS:

- A. Person served/guardian receives education designed to reduce identified adverse effects.
- B. Person served/guardian is offered a medication specific handout describing;
 - 1. Uses for medication
 - 2. Precautions of medication
 - 3. Side effects of medication
 - 4. Things to report to the prescriber
- C. The person served or guardian signs consent when a medication is prescribed. If the person served is evaluated remotely via telehealth, verbal consent must be obtained and documented. The consent must be signed the next time the person served is in the office.

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- D. A signed copy of the "Consent for Use of Medication" form is kept in the person served electronic medical record.

PROCEDURES:

- A. The prescriber or nurse verbally informs each person served of the purpose for the prescribed medications as well as the possible side effects.
- B. After the person served /guardian has discussed the medication with the prescriber, they sign a, "Consent for Use of Medication" form.

BS:lr

This policy supersedes
#07/06048 dated 07/24/2006.
