

## ADMINISTRATIVE POLICY

- 1 It is the policy of OPTIONS to provide services and/or take other action only when an informed, signed consent form is on file in the person's record. Informed consent policy will apply to the parent(s), legal guardian(s) or conservator in cases where the person is a minor or unable to give informed consent because of guardianship or conservatorship. The following steps will be utilized to protect persons from receiving unwanted treatment or services:
  - 1.1 An Individual Service Plan (ISP) will be developed with all persons receiving services from OPTIONS. Each person will participate in the development of his/her plan. A person may choose to complete a Person-Centered Plan to help prepare for the ISP meeting if desired.
  - 1.2 Each person participating in the ISP meeting will sign that he/she acknowledges and agrees with the plan. If the person served is unable to sign the ISP, the parent(s), legal guardian(s) or conservator will sign for him/her.
  - 1.3 Before any medical treatment, use of behavior management program, use of psychotropic medication, use of anti-convulsant medication, or participation in a school or work program is either provided, prescribed or facilitated by OPTIONS, appropriate notification and signed acknowledgment will be secured from the person or his/her parent(s), guardian(s) or conservator.
  - 1.4 Services and treatment will be described to the person, his/her parent(s), guardian(s), or conservator in a language and manner that can be understood by all parties concerned.
  - 1.5 No information will be sought by OPTIONS or provided by OPTIONS to other persons or organizations without first acquiring appropriate signed consents for release of information from the person, his/her parent(s), guardian(s), or conservator.

POLICY DATE: February 1996  
REVISED: April 2004  
REVISED: August 2007  
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Informed Consent

Policy No. 200.4.6

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