Medication Education and Informed Consent Policy

Effective Date: 08/15/2025

Approved By: Director of Medical and Clinical Services

Review Schedule: Annually or as Needed

Applies To: All Programs — Outpatient MH/SUD, IOP, PHP, and Integrated Primary Care/Behavioral Health

I. Purpose

To ensure persons served receive comprehensive education and informed consent before initiating, continuing, or changing any medication, in compliance with CARF, OAC, and federal standards.

II. Scope

Applies to all prescribers, nursing staff, and clinical personnel responsible for prescribing, educating, or documenting medication use at any REACH for Tomorrow site.

III. Policy Statement

Medication education and informed consent are mandatory prior to prescribing or changing any medication. Education and consent must be individualized, understandable, and documented in the EHR. Clients retain the right to decline or withdraw consent unless administration is required by law or emergency protocol.

IV. Procedure

A. Medication Education

Prescribers or licensed nurses must provide education covering:
- Medication name, purpose, dosage, route, and frequency.
- Expected benefits and possible side effects (common and serious).
- Drug interactions, contraindications, and precautions.
- Risks of abrupt discontinuation or nonadherence.
- Monitoring requirements (labs, vitals, EKGs).
- Alternative treatments and right to refuse.
- Reporting side effects or emergencies.

Education must be culturally and linguistically appropriate, using interpreters as needed.

B. Informed Consent Process

1. Obtain consent before prescribing or administering medication, except in emergencies.
2. Review medication purpose, risks, and alternatives with client or guardian.
3. Complete and sign the Medication Informed Consent Form including:
   - Client and medication details.
   - Explanation of benefits, risks, and alternatives.
   - Right to withdraw consent at any time.
   - Signatures of client/guardian, prescriber, and date.
4. Renew consent annually or with any change in medication type, dose, or indication.
5. Upload or scan consent form into BestNotes under "Medication Consents."

C. Off-Label Use Disclosure

Prescribers must inform clients when medications are used off-label, explaining the rationale, supporting evidence, and alternatives. Document discussion and consent in both progress note and consent form.

D. Documentation

Document education and consent discussions in the EHR, including:
- Medication education provided.
- Client understanding, questions, and concerns.
- Confirmation of consent or refusal.

Consent forms are reviewed quarterly by the Director for compliance.

E. Withdrawal or Refusal of Consent

Clients may withdraw consent at any time. The prescriber must document the withdrawal, counsel on risks, and establish a safe discontinuation plan if needed. Withdrawal is not grounds for discharge unless continued treatment is unsafe or non-therapeutic.

F. Staff Training and Competency

All prescribers and nurses receive initial and annual training on informed consent and medication education. Competency is verified by supervision, audit, or testing. Records of training are maintained by the Director.

V. Quality Assurance and Oversight

The Medication Management Committee reviews medication consent documentation quarterly. Deficiencies trigger retraining or corrective actions. Compliance data are reported to the Quality Improvement Committee per CARF §1.M.

Medication Informed Consent Form

Client Name: _____ DOB: _____
Client ID: _____ Date: _____
Prescriber: _____ Site/Program: _____

Medication Name Dosage / Frequency Indication / Purpose

Information Reviewed and Discussed:
☑️ Medication purpose, benefits, and expected outcomes
☑️ Potential side effects and risks (common and serious)
☑️ Drug interactions and precautions
☑️ Risks of stopping medication abruptly
☑️ Monitoring requirements (labs, vitals, etc.)
☑️ Alternative treatments and right to refuse
☑️ Off-label use discussed (if applicable): ☐ Yes ☐ No
Explanation: _____

Client/Guardian Acknowledgment:
I have received and understand the information provided about my medication(s). I have had the opportunity to ask questions and understand that I may withdraw my consent at any time by notifying my provider.

Client/Guardian Signature: _____ Date: _____
Prescriber Signature: _____ Date: _____
Director/Reviewer Signature: _____ Date: _____

If Consent Withdrawn:
Date of Withdrawal: _____ Reason: _____
Counseling Provided / Plan for Safe Discontinuation: _____