



Informed Consent for Taking Psychotropic Medications
Explanation Sheet

Completed By:

- Physician (MD or DO)
- Nurse Practitioner

****Note:** While the forms state “Medical Staff” for signature, this still only applies to a Physician or Nurse Practitioner.**

Compliance Requirements:

- Required for all clients receiving psychotropic medication.
- Updated when there is a medication change or addition.
- Providers may choose to continue using the *Informed Consent for Psychotropic Medications* form to document that they have reviewed consent and the nature and effects of antipsychotic or psychotropic medications however, **use of this form is not a requirement.**
- For children with a JV220, documented consent is required in addition to the JV220. CYF Programs may utilize the JV220 **in place of** the *Informed Consent for the Use of Psychotropic Medications* if the following are included:
 - The prescribing psychiatrist includes documentation which explains the method of administration for each medication prescribed. This can be documented in question #20 on the JV220A or question #17 in the JV220B.
 - The prescribing psychiatrist has sent along a document as an attachment to the JV220 which documents the side effects for shorter or longer duration use of the medication.
 - The prescribing psychiatrist should identify on this attachment document the medications that they are prescribing. This form is to be sent along with the JV220 form to the courts for signature.
 - Family Code section 6924(f) and Health and Safety Code section 124260(e) clarify that, a parent or guardian's consent is needed for a child to receive **psychotropic medication**. In the case of **foster children**, a court will determine who is authorized to consent to psychotropic medication on the child's behalf. (Welfare and Institutions Code sections 369.5(a) and 739.5(a)). If the medication is **not a psychotropic medication** and all statutory requirements are met, a child 12 years of age or older may be the sole signatory of a medication consent form.

Documentation Standards

- SB184 eliminated the requirement to obtain patient signatures, and instead requires that facilities maintain written consent records that contain **both** of the following:
 1. A notation that information about informed consent to antipsychotic medications has been discussed with the patient; **and** A notation that the patient understands the nature and effects of antipsychotic medications, and consents to the administration of those medications.
 2. The minimum requirement going forward is to include the above notations within the medical record progress note(s) when prescribing, adding or adjusting antipsychotic or psychotropic medications.
- State law defines informed consent as the voluntary consent of the client to take psychotropic medication after the physician has reviewed the following with him/her:
 - Explanation of the nature of the mental health condition and why psychotropic medication is being recommended.
 - The general type (antipsychotic, antidepressant, etc.) of medication being prescribed and the medication's specific name.
 - The dose, frequency and administration route of the medication being prescribed.
 - What situations, if any, warrant taking additional medications.
 - How long it is expected that the client will be taking the medication.
 - Whether there are reasonable treatment alternatives.
 - Documentation of "informed consent" to take psychotropic medication.
- A new form is to be completed: When a new or different type of medication is prescribed, when the client resumes taking medication following a documented withdrawal of consent, or when there is a change in dosage. A "dosage range" may be used to reduce the frequency at which the form is updated.