



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS

APPLICABILITY
PRISON
FACILITY/SPANISH MANUALS

REVISION DATE
5/21/25

PAGE NUMBER
1 of 8

NUMBER
DOC 610.010

POLICY

TITLE
PATIENT RIGHTS AND CONSENT FOR HEALTHCARE

REVIEW/REVISION HISTORY:

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SUMMARY OF REVISION/REVIEW:

Major changes to include updated applicability and title. Read carefully!

APPROVED:

Signature on file

MARYANN CURL, MD, MS
Chief Medical Officer

4/14/25

Date Signed

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DAVID FLYNN, MPA
Assistant Secretary for Health Services

4/15/25


Date Signed

Signature on file

TIM LANG, Secretary
Department of Corrections

4/18/25

Date Signed

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REFERENCES:

DOC 100.100 is hereby incorporated into this policy; [RCW 7.70](#); [RCW 71.34.500](#); [RCW 71.34.530](#); DOC 570.000 Sex Offense Treatment and Assessment Programs; DOC 580.000 Substance Use Disorder Treatment Services; DOC 620.020 Non-Consensual Blood Draws; DOC 620.100 Force Feeding of Incarcerated Individuals; DOC 630.500 Mental Health Services; DOC 630.540 Involuntary Antipsychotic Administration; DOC 630.550 Suicide Prevention and Response; DOC 670.000 Communicable Disease, Infection Prevention, and Immunization Program; Establishing an Authorized Healthcare Decision Maker Protocol

POLICY:

- I. The Department will protect and promote patient rights applicable to services the Department is certified to provide in compliance with WAC 246-341-0600.
- II. The Department will provide patients or their authorized decision maker with the information they need to make informed decisions regarding the acceptance or refusal of Department-provided medical/mental healthcare, including treatment and discharge services.
- III. This policy applies to healthcare delivered to patients in a Department facility. The Department will not consent on behalf of patients receiving care in a community healthcare facility.

DIRECTIVE:

- I. General Requirements
 - A. Health Services Unified Leadership teams and the Superintendent are responsible for the implementation, monitoring, and adherence to patient rights in Prisons.
 1. Patient rights will be posted in public and healthcare service areas and provided to patients upon admission and as requested.
 - B. Before initiating services, the healthcare provider ordering the service will obtain the informed consent of the patient/authorized decision maker and ensure the following information is provided in a manner that can reasonably be understood:
 1. The healthcare provider's recommendation and reasons for treatment, including assessments, evaluations, and/or tests.
 2. The nature and character of the proposed treatment



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3. If photographs and/or video recordings that identify the patient are required for a diagnostic/therapeutic procedure.
 4. The anticipated results of the proposed treatment.
 5. Recognized possible alternative forms of treatment.
 6. Recognized potential risks, complications, and anticipated outcomes for any alternative forms of treatment, including non-treatment.
- C. Healthcare providers who want to use the shared decision making process will refer to the requirements per RCW 7.70 and consult with their clinical supervisor, as needed.

II. Obtaining Informed Consent

- A. A patient must have decision-making capacity for each specific medical decision to provide informed consent.
1. A patient does not have decision-making capacity if:
 - a. They cannot comprehend or appreciate the nature of their condition, or the risks and benefits associated with the proposed treatment, or
 - b. They do not appear to have sound reasoning as determined by a healthcare provider.
 2. If a healthcare provider identifies an individual is at risk of losing decision-making capacity, the healthcare provider will provide the patient with DOC 13-392 Durable Power of Attorney for Healthcare.
 3. A patient who does not have decision-making capacity will not be allowed to accept/decline treatment, which will be provided per an existing:
 - a. Advance Directive,
 - b. Court order,
 - c. Durable Power of Attorney for Healthcare,
 - d. Guardian of person/Court Visitor, or
 - e. Legal next of kin per RCW 7.70.065.
- B. If a healthcare provider has concerns that a patient does not have decision-making capacity to provide informed consent, they will initiate an evaluation by a medical physician, physician assistant, licensed psychologist, psychiatrist, or

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nurse practitioner using DOC 13-621 Evaluation of Capacity to Make Healthcare Decisions.

1. The evaluation will be discussed with the Facility Medical Director (FMD)/Psychologist 4/Psychiatrist, who will consult with the primary healthcare provider and review relevant records, to determine if the patient has decision- making capacity.
 - a. The determination will be documented on DOC 13-621 Evaluation of Capacity to Make Healthcare Decisions, with a copy to the legal section of the health record.
 - b. The Chief Medical Officer/Director of Behavioral Health/designee will be notified, as appropriate.
2. A practitioner will refer the individual to the Psychiatric Social Worker 3, who will ensure procedures are conducted per Establishing an Authorized Healthcare Decision Maker Protocol.
3. An authorized decision maker for healthcare per RCW 7.70.065 and documented on DOC 13-623 Authorized Decision Maker for Healthcare may provide informed consent on behalf of the patient.
 - a. Authorized decision makers cannot consent to sterilization, antipsychotic medications, or electroconvulsive therapy.

- C. For patients who are anticipated to be unable to provide informed consent for an extended period of time or do not have an authorized decision maker, the Chief Medical Officer/designee, in consultation with appropriate clinical leadership, will determine the appropriate assistance (e.g., court order, guardianship for healthcare decisions).


III. Documenting Informed Consent

- A. Verbal informed consent will be documented in the health/individual service record. Providers will obtain verbal consent for low risk treatments/assessments, including:
 1. Blood tests
 2. Routine x-rays
 3. Electrocardiograms
 4. Over the Counter/low risk prescription medications
 5. Dental cleaning
 6. Supportive therapy

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B. Written informed consent is required for and will be documented as follows:


1. Procedures/treatments, including prescriptions, that pose substantial risk to the patient using DOC 13-250 Consent to Surgical or Other Procedure, including:
 - a. In-clinic procedures (e.g., incision and drainage, debridement, biopsy)
 - b. Incisions below the dermal layer
 - c. Chemotherapy for malignancy
 - d. Administration of intravenous contrast dye
 - e. Antiviral therapy
 - f. Most invasive procedures
2. Gender-affirming hormone treatment using DOC 13-521 Consent for Hormone Treatment for Gender Dysphoria and/or Transgender Identification.
3. Hepatitis C treatment using DOC 13-357 Hepatitis C Treatment Consent.
4. Onsite oral surgery and root canal treatment using DOC 13-339 Consent for Dental/Oral Surgery.
5. Mental health treatment, including developing a treatment plan, per DOC 630.500 Mental Health Services using DOC 13-386 Consent for Evaluation and Initiation of Mental Health Treatment.
6. Sex offense treatment per DOC 570.000 Sex Offense Treatment and Assessment Programs using:
 - a. DOC 02-330 Sex Offense Treatment and Assessment Programs Consent for Prison Treatment, and
 - b. DOC 02-402 Sex Offense Treatment and Assessment Programs Informed Consent for Community Treatment.
7. Substance use disorder treatment per DOC 580.000 Substance Use Disorder Treatment Services using DOC 14-039 Substance Use Disorder Treatment Participation Requirements.
8. Initiating clinical and/or forensic psychological or risk assessment evaluations. Consent will be documented in the evaluation or health record.

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- C. The healthcare provider should provide the patient the opportunity to consent for the following services that do not require consent:
1. Compliance with a court order, statute, or case law in consultation with the Attorney General's Office.
 2. Care delivered per DOC 620.100 Force Feeding of Incarcerated Individuals.
 3. Treatment of a self-inflicted harm, when failure to intervene poses a risk of significant harm.
 4. Prevention of self-injury or death per DOC 630.550 Suicide Prevention and Response.
 5. A blood draw per DOC 620.020 Non-Consensual Blood Draws.
 6. Administration of antipsychotic medication per DOC 630.540 Involuntary Antipsychotic Administration, including evaluation conducted before the hearing.
 7. Care for mentally ill patients, when a reasonable healthcare provider would conclude that delaying mental health treatment, including medications, might put the patient or others at imminent risk of serious injury or death.
- D. The healthcare provider will document informed consent, regardless of outcome.

IV. Declining Services

- A. If the patient declines treatment that was recommended or previously consented to that requires written consent, health services employees/contract staff will document the decision on the appropriate medical, mental health, or dental encounter/progress form and forward the patient's health record to the ordering practitioner/provider for review.
1. The ordering practitioner/provider will:
 - a. Schedule an appointment with the patient to discuss the decision to decline treatment, health consequences, and alternatives within a clinically appropriate timeframe.
 - b. Document the patient's decision to decline treatment on the appropriate medical, mental health, or dental encounter/progress form.

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- c. Complete DOC 13-048 Declining of Medical, Dental, Mental Health, and/or Surgical Treatment.
 - d. Document a follow-up plan of care for patients who continue to decline treatment with at least annual evaluations.
 2. If after business hours and no healthcare provider is onsite, the nurse will document the decision to decline treatment in the chart and enter an encounter with an internal referral for an appointment with the provider for signature.
 3. The primary healthcare provider will be notified if different than the ordering practitioner.
- B. Declining treatment provided by the Substance Abuse Recovery Unit (SARU) or Sex Offender Treatment and Assessment Program (SOTAP) will be documented on the following, as applicable:
1. DOC 02-330 Sex Offense Treatment and Assessment Programs Consent for Prison Treatment
 2. DOC 02-402 Sex Offense Treatment and Assessment Programs Informed Consent for Community Treatment
 3. DOC 14-039 Substance Use Disorder Treatment Participation Requirements
- C. If the healthcare practitioner/designee determines the patient has a communicable disease that may pose a threat to others, the patient may be isolated per DOC 670.000 Communicable Disease, Infection Prevention, and Immunization Program.


DEFINITIONS:

The following words/terms are important to this policy and are defined in the glossary section of the Policy Manual: Communicable Disease, Healthcare Practitioner, Healthcare Provider, Health Services Unified Leadership, Informed Consent. Other words/terms appearing in this policy may also be defined in the glossary.

ATTACHMENTS:

None

DOC FORMS:

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DOC 02-330 Sex Offense Treatment and Assessment Programs Consent for Prison Treatment

DOC 02-402 Sex Offense Treatment and Assessment Programs Informed Consent for Community Treatment

DOC 13-048 Declining of Medical, Dental, Mental Health, and/or Surgical Treatment

DOC 13-250 Consent to Surgical or Other Procedure

DOC 13-339 Consent for Dental/Oral Surgery

DOC 13-357 Hepatitis C Treatment Consent

DOC 13-386 Consent for Evaluation and Initiation of Mental Health Treatment

DOC 13-392 Durable Power of Attorney for Healthcare

DOC 13-521 Consent for Hormone Treatment for Gender Dysphoria and/or Transgender Identification

DOC 13-621 Evaluation of Capacity to Make Healthcare Decisions

DOC 13-623 Authorized Decision Maker for Healthcare

DOC 14-039 Substance Use Disorder Treatment Participation Requirements