

	CORRECTIONS MEDICINE Right of Refusal of Care ACA Standard: 4 ALDF – 4D – 15	
	Effective: January 1994 Revised: Aug 2001, May 2007, April 2016, April 2019, July 2019 Reviewed: Aug 2001, May 2013, Aug 2014, Mar 2016, May 2017, Feb 2017	Policy Number: CM – 65

- I. **PURPOSE:** To allow patients the right to refuse examinations, treatments and medical procedures.

- II. **POLICY:** Incarcerated individuals have the right to refuse medical treatment and care when they are competent to make their own decisions. Incompetency shall be determined through a standardized legal process. Refusals for care must be made in writing to the Saint Louis County Department of Public Health (DPH) Corrections Medicine staff.

- III. **RESPONSIBILITY:** All staff members working for Corrections Medicine are responsible for the contents and adherence to this policy and procedure.

- IV. **PROCEDURE:**
 1. Upon arrival to the intake area, if a patient chooses to refuse his/her initial assessment or indicated care or treatment as ordered by the medical provider, the medical record shall be reviewed by the Corrections Medicine staff for any chronic health conditions and any other conditions that may result in an adverse outcome if treatment is refused. If such indications are found, the patient shall be scheduled to see a medical or mental health provider within twenty-four (24) hours of arrival into the housing unit or during the next regular business day.

 2. Decision to refuse treatment should be an informed decision. Benefits of the proposed treatment and the risks of forgoing the treatment should be explained to the patient without the use of medical jargon.

 3. If a patient does not appear to have the capacity to make an informed medical decision and is in a potentially life-threatening situation, the right to refuse shall not apply. The matter shall be referred to the Saint Louis County Counselor’s Office for consultation for the appropriate legal method in which to provide medical treatment. If the situation is urgent or emergent, the patient shall be transported to the hospital immediately by emergency medical personnel.

 4. Notation of refusal of treatment, any pre-existing chronic health conditions or other significant factors shall be made in the electronic medical record (EMR).

 5. All patients refusing medication shall be asked to sign a document explaining their reason for refusal, which shall be scanned into the EMR. If the patient refuses to sign the document, two staff members must witness the refusal and sign the refusal form.