

California law provides that all people who receive mental health services have important rights in the treatment process. One significant right is:

THE RIGHT TO INFORMED CONSENT TO TREATMENT

This right is designed to assure that mental health patients are given good **information** and the opportunity for **participation** in the treatment process. The principles of informed consent apply to all forms of treatment, including hospitalization, placement, services and medication.

Informed consent means that, after being provided adequate information about your condition and proposed treatment, you knowingly and intelligently, without duress or coercion, clearly and explicitly give your consent to the proposed treatment.

Informed consent **applies to all medications** used to treat symptoms of severe mental and emotional conditions.

Your consent must be **documented in writing**.

Your **consent is also required** when the medication dosage is increased or your medication is changed from one type to another.

You have the **right to revoke consent** at any time, for any reason.

RIVERSIDE COUNTY DEPARTMENT OF MENTAL HEALTH

Jerry A. Wengerd, Director

BOARD OF SUPERVISORS

District I - Kevin Jeffries

District II - John Tavaglione

District III - Jeff Stone

District IV - John J. Benoit

District V - Marion Ashley

If you want more information regarding your right to give or refuse consent to treatment,

call

Patients' Rights Office
Riverside County Mental Health
P.O. Box 7549
Riverside, CA 92513-7549
Phone: (951) 358-4600 or
800-350-0519
SE HABLA ESPAÑOL

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YOU HAVE THE RIGHT

- to an explanation of your diagnosis
- to information about your treatment
- to give or refuse your consent for treatment

Please visit us at
www.rcdmh.org

YOU ARE ENTITLED TO THE FOLLOWING INFORMATION

so that you can make an informed decision about treatment:

1. A description of the **nature and seriousness of your mental condition**, disorder, or behavior.
2. An explanation of the **reasons for the treatment**.
3. The **name and type, frequency, amount, and method of dispensing the treatment**, and the probable length of time that the treatment will be taken.
4. A description of the **likelihood of improvement**, and the probable degree and duration (temporary and permanent) of improvement or remission expected with (and without) the medication.
5. An explanation of the **nature, degree, duration, and probability of the side effects and interactions** (with other treatment), the risks and how and to what extent they may be controlled, if at all.
6. An explanation of the **reasonable alternative treatments** available (including other medications and nonmedication-oriented treatment) and why the doctor is recommending this particular treatment.

LIMITATIONS ON THIS RIGHT

If you **do not give informed consent** to a proposed treatment, you may only be treated involuntarily after specific legal procedures have been followed.

You cannot be given medication without your consent unless:

- 1 There is a legally-defined ***emergency** and it is properly documented,
or
- 2 you are determined in a **special legal procedure** to not have capacity to refuse medication.

* "Emergency" means a situation in which action to impose treatment over the person's objection is immediately necessary for the preservation of life or the prevention of serious bodily harm to the patient or others, and it is impracticable to first gain consent. It is not necessary for harm to take place or become unavoidable prior to treatment.

QUESTIONS TO ASK ABOUT YOUR DIAGNOSIS AND TREATMENT

Feel free to ask your doctor or the nursing staff about your condition and treatment. **Examples of questions include:**

1. What is your **diagnosis** of my condition? Please explain what that means.
2. What **kinds of treatment, other than medication**, could be used for this condition?
3. What **kind of medication** are you prescribing?
4. What other **kinds of medication** could be prescribed for my condition?
5. **Why** are you prescribing **this** medication rather than others?
6. **Why** are you prescribing **this** medication rather than other treatment?
7. **How much** medication are you prescribing?
8. Why are you prescribing at this **dosage**?
9. Is this the **normal** dosage?
10. What are the **common side effects** of this medication? What are other **possible** side effects?
11. What is the likelihood of **improvement** with the medication?
12. What is the **likelihood** of improvement **without** the medication?
13. **What will happen** to me if I don't take the medication? What will the symptoms be?