



Origination 06/2022
Approved 10/2022
Effective 10/2022
Next Review 10/2024

General Operating Policy: Newberg School-Based Health Center Consent for Services

Objectives

- A. To assure that a patient or patient's legal representative, and when appropriate, family member and legal guardian, exercise the patient's right to make decisions about treatment, based on information that includes other treatment options and anticipated outcomes.
- B. To assure that a responsible decision-maker provides, refuses, or withdraws consent to or from providers for treatment.
- C. To describe the appropriate process for obtaining consent, refusal of consent, and withdrawal of consent for clinical interventions.
- D. To define and distinguish what consent is, who is responsible to obtain consent, who is authorized to give consent and what documentation is required.
- E. To ensure Providence policies and practices are ethical and consistent.

Policy Statement

In keeping with the mission and values of Providence Health and Services in partnership with Newberg Public Schools, Providence providers have a professional obligation to obtain permission that is a patient's consent, to administer medically appropriate clinical interventions. Absent an emergency, capable patients, or the appropriate decision-maker, may give, refuse, or withdraw informed consent both to the treating provider and to the clinic prior to undergoing any treatment, test, or procedure for which specific consent is required.

Every competent person has the fundamental right to self-determination over his/her person and property. Individuals who are not competent or incapable of participating in decision-making have the right to be represented by another person who will carry out the individual's known desires and act in their best interest.

No patient shall be refused services or discriminated against in acceptance into the clinic or while providing services based on race, color, national origin, disability, sex, sexual orientation, marital status, or spiritual affiliation.

All students enrolled in the Newberg School District are entitled to receive care at the SBHC. Students who choose to take advantage of the SBHC services are required to have parental/guardian consent prior to receiving services, with exceptions according to ORS 109.610, ORS 109.640, and ORS 109.675. However, the provider may involve parents or others if found to be clinically necessary, as referenced in (ORS 109.650).

Definitions

- A. Informed Consent: "Informed Consent" is the knowing voluntary (i.e., not given under duress or coercion) and informed permission granted to providers and institutions for the administration of those medically appropriate procedures, which are complex or involve material risks that are not commonly understood. The patient's provider (proceduralist) is responsible for providing the information to the patient or patient's decision-maker needed to make an informed decision and for obtaining the patient's informed consent or refusal for the recommended procedure. The clinic's role in the informed consent process is to verify that the proceduralist obtained the patient's informed consent before the proceduralist is permitted to perform the procedure or that an exception (such as the emergency exception) applies that allows treatment to proceed.
- B. Minors: Patients under 18 years of age (See table below)
- C. Adult: Any individual 18 years of age or older UNLESS that person has been judged by an appropriate state authority to be incompetent. A competent adult may be incapable of making decisions.
- D. Ages of Consent
 - 1. Married, under age 18.
 - 2. 15 years of age or older. ORS 109.640 allows a minor 15 years of age or older to consent to hospital care, medical or surgical diagnosis or treatment by a provider without the consent of an adult or guardian.
 - 3. Other ages of consent based on diagnosis/treatment: See table below.
 - 4. Disclosures to Parent or Guardian: A physician, nurse, or hospital is permitted, but not required, to notify the minor's parent or guardian of any diagnosis or treatment, or need for treatment or services, without the consent of the minor. For testing or treatment of HIV or venereal diseases, providers should not

disclose protected health information to parent(s) or guardian without the minor's authorization.

Ages of Consent

(ORS 109.610 – 109.695, 433.001 – 433.085, 418.307)

B. TREATMENT	CONSENT AGE	STATUTE
Hospital Care, Medical or Surgical Diagnosis or Treatment by a Physician or Dentist ORS 109.640	15	ORS 109.650
Outpatient Diagnosis/Treatment for Mental/Emotional Disorder or Chemical Dependency (excluding Methadone Treatment) ORS 109.675	14	ORS 109.675
		ORS 109.680
Birth Control Information and Services ORS 109.640	Any age	ORS 109.650
Venereal Disease (Hospital, Medical or Surgical Care, related to Diagnosis or Treatment) ORS 109.610	Any age	ORS 109.610
HIV Testing ORS 433.045(4a)	Any age	ORS 433.045(3)

E. Competence: A legal presumption about the person's authority to make decisions about some or all aspects of his/her own life. An incompetent patient will generally have an

appointed guardian who may make healthcare decisions for the patient if the court has given them that authority. Whereas being incapable is generally time- and task-specific, being incompetent is generally neither time- nor task-specific and is global in nature with respect to a person's lack of ability to live his/her own life safely.

- F. Capacity and decision-making: the ability of an individual to communicate a choice, to understand the information, to appreciate the medical consequences of the situation and to reason about treatment choices.
- G. Alternate (Decision-Making) Mechanisms: Ways of decision-making for a patient who lacks decision-making capacity. There are several types of alternative mechanisms, each with its own applicable circumstances:
 - 1. Health Care Representative: a person appointed under Oregon law by the patient to be their decision-maker in specific clinical scenarios should he/she become incapacitated.
 - 2. Guardian: A decision-maker appointed by the state for patients deemed incompetent.
 - 3. Surrogate: OR Law establishes a hierarchy (See Procedure/General Instructions, A, below) of decision-makers in the absence of a guardian or someone appointed by the patient for end-of-life decisions. By policy, Providence Health & Services – Oregon Region uses this same hierarchy in general medical situations when no other mechanism such as those listed below exist.
 - 4. A valid Advance Directive executed by the patient for the purpose of giving instructions for care in specific clinical scenarios should he/she become incapacitated.
 - 5. Reliable expressions, documented in the patient's chart, made by the patient that are clear and specific about interventions, or other reliable and relevant evidence of patient preferences to patient care, including verbal designation of a surrogate decision maker.

Procedure

- 1. Consents will be obtained at any initial office visit and kept electronically in accordance with the Patient Confidentiality Policy.
- 2. Specific to the SBHC:

- a. SBHC staff may participate in the school registration process as possible to facilitate parental knowledge of clinic services and to collect written consents. Consents may be obtained annually and kept at the health center in accordance with HIPAA rules prior to office visits if parents wish to have consent ahead of time.
- b. When students without consent seek SBHC services, the staff shall evaluate whether parental consent is required. If parental consent is required and not already on file, the SBHC staff will contact the parent/guardian to obtain verbal consent, documenting it in the chart. They will provide the requested service and send the written consent form with the student to be signed and returned or fax a consent to parent if possible. If no written consent has been received by the second visit, the SBHC will provide no further services until consent has been received, except in case of emergency.
- c. If consent is required and the parent cannot be contacted or refuses to give consent over the phone, the SBHC staff will give the student a consent form to be returned to the SBHC before any service is delivered. The student will not receive service until consent is obtained, except in case of emergency. The school may arrange care for the student in accordance with school policy.
- d. The SBHC has an opt-in policy to allow parents or guardians to consent or evaluation and treatment.
 - i. If an opt-in form is not on file, and the minor may legally consent for themselves, SBHC providers will follow Oregon minor consent laws (ORS 109.610 – 109.695, 433.001 – 433.085, 418.307).
 - ii. If a student wishes to be seen and may not legally consent for themselves, a parent or guardian will be contacted to verbally confirm opt-in status. If a parent/guardian denies permission for the student to be seen, the refusal will be documented, and the student will not be seen for any reason unless deemed an emergency by medical staff.
- e. Parent/guardian involvement will be encouraged with all minor patients. If patient declines involvement and it is the provider's best clinical judgment that information needs to be disclosed for the safety of the patient or others, the provider may contact the parent/guardian without the patient's consent. This contact and the rationale for it will be documented in the progress note.

Stakeholders

Providence Oregon Medical Group – Access Strategies

Providence Behavioral Health Services

Newberg Public Schools

Oregon Health Authority, Oregon School Based Health Centers

Yamhill County Public Health

List Cross-References

PH&S Oregon Region, General Operating Policy: Consent and Refusal of Consent for Procedures (210.00-A, PolicyStat ID: 9585627)

Oregon Health Authority, Oregon School-Based Health Centers Standards for Certification, Version 4 ([Oregon School-Based Health Centers](#))