

Chapter:	Service Delivery		
Title:	Informed Consent for Treatment and Services		
Policy: <input checked="" type="checkbox"/> Procedure: <input type="checkbox"/>	Review Cycle: Triennial Author: CEO/Designee	Adopted Date: 05.2023 Review Date: 06.2024	Related Policies: Adoption and Use of Best/Evidence-Based Practices Limited English Proficiency Client Rights and Responsibilities

Purpose:

Informed consent assures that clients of Hopeful Horizons (HH) are given information, by their provider, related to their care and services to be provided. Information about care and services must be provided in a manner that is understandable to the recipient of service and/or their legal guardian. The informed consent process acknowledges the client's right to ask questions and to make informed and voluntary decisions as to whether to participate in a proposed service, intervention, or type of care.

Scope:

This policy applies to

- All HH Staff
- Selected HH Staff, as specified: Employees providing direct services and all direct service locations
- HH Board Members
- HH Volunteers
- Other: Sub-contract Providers

Policy:

It is the policy of HH to obtain written informed consent for service/treatment from clients prior to the start of or change in service. When applicable, consent may be obtained from the client's legal guardian or from a parent (if a minor).

Informed Consent requires:

- A. Legal competency - An individual shall be presumed to be legally competent. This presumption may be rebutted only by a court appointment of a guardian or exercise by a court of guardianship powers and only to the extent of the scope and duration of the guardianship. An individual shall be presumed legally competent regarding matters that are not within the scope and authority of the guardianship.

In accordance with South Carolina Law, minors 16 years or older can consent to any health care services that do not require an operation inclusive of mental health counseling. Minors under 16 can consent to health services of any kind when, in the judgment of a person authorized by law to render a particular health service, such services are deemed necessary.

- B. Knowledge - To consent, a recipient or legal guardian must have, basic information about the service, risks, other related consequences, and other relevant information. The standard governing required disclosure by a treatment professional is what a reasonable person needs to know to make an informed decision. Other relevant information includes the following:
 - The purpose of the treatment/service

- A description of the attendant discomforts, risks, and benefits that can reasonably be expected
 - A disclosure of appropriate alternatives advantageous to the recipient
 - An offer to answer further inquiries
- C. **Comprehension** - An individual must be able to understand what the personal implications of providing consent will be based upon the information provided. Therefore, information about treatment and service shall be provided in the client's preferred language.
- D. **Voluntariness** - There shall be free power of choice without the intervention of an element of force, fraud, deceit, duress, overreaching, or other ulterior form of constraint or coercion, including promises or assurances of privileges or freedom. There shall be an instruction that an individual is free to withdraw consent and to discontinue participation or activity at any time without prejudice to the recipient.
- E. **Special Treatment Consent:** HH shall also require specific informed written consent (Attachments A and B) when Eye Movement Desensitization and Reprocessing (EMDR) or Accelerated Resolution Therapy (ART) are used as part of a client's treatment plan. Both interventions are evidenced based practices and can only be administered by an appropriately qualified and certified licensed professional.

Communication and Training:

This policy shall be reviewed at the time of initial employee orientation and during the periodic review process. Once the policy is approved/reaffirmed by the Board, employees will be notified of substantive changes. HH policies are available on the website and procedures are available on the employee portal. Clients shall receive notice of their right to consent to service/treatment at the start of services/treatment or when there are substantive changes.

Definitions:

1. **Evidence Based Practices (EBP):** service/treatment practices that have been researched academically or scientifically, been proven effective, and replicated by more than one investigation or study.
2. **Informed Consent:** A written agreement signed by the client, the parent of a minor, or legally empowered guardian, to give consent, which assumes and requires competence, knowledge, and voluntariness. It also means the knowing consent in a written agreement or written documentation of a verbal agreement executed by a client or his/her legal representative, so situated as to be able to exercise free power of choice without undue inducement or any element of force, fraud, deceit, duress, or other form of constraint or coercion.
3. **Preferred Language:** For the purposes of this policy, this is the language that the client feels most comfortable in communicating with the provider and reviewing and signing documents that may be required by the treatment/service setting.

Other Related Materials:

Consent for Treatment Form
EMDR Consent (Attachment A)

ART Consent (Attachment B)

References/Legal Authority:

[Client Rights: Client Rights and Responsibilities, Council on Accreditation, 2022](#)

[Minor's Consent to Health Services, SC Code of Laws, Section 63.5.340-350](#)

Change Log:

Date of Change	Description of Change	Responsible Party
4.2023	This is a new policy	N. Miller, Prog. Eval. Consultant
6.2024	The policy was updated to include the addition of special informed consent for the indicated evidence-based practices.	L. Hill, Dir. Adult Clinical and Advocacy Services.



Client: _____ DOB: _____

Eye Movement Desensitization and Reprocessing (EMDR) methodology is a form of adaptive information processing which may help the brain unlock maladaptive material. I have been advised that EMDR is a treatment approach that has been widely validated by research on Post Traumatic Stress Disorder (PTSD). Research is occurring on other ways EMDR can be applied. I have been specifically advised of the following:

- a) Distressing, unresolved memories may surface while using the EMDR procedure.
- b) Some clients have experienced reactions during the treatment sessions that neither they, nor the administering clinician, have anticipated including but not limited to elevated levels of emotional or physical sensations, disorientation, fear, nausea.
- c) Subsequent to the treatment session, the processing of incidents and/or material may continue, and dreams, memories, flashbacks, feelings, etc. may surface.
- d) Those with limiting or special medical conditions (pregnancy, heart condition, ocular difficulties, etc.) should consult their medical professionals before participating in this therapeutic method. Pregnant women should postpone reprocessing.
- e) If you are involved in a legal case, be sure to discuss this with your therapist.

Before beginning EMDR treatment, I have considered all the above and I have obtained whatever additional input and/or professional advice I deemed necessary or appropriate. By my signature below I hereby consent to receiving EMDR treatment. My signature on this **Acknowledgment and Consent** is free from pressure or influence from any person or entity. I understand I may stop treatment at any time before or during any EMDR session and that more than one EMDR session is usually necessary in the treatment.

Client Signature: _____ Date: _____

Witness Signature: _____ Date: _____



Client: _____ DOB: _____

ART Consent Form

Accelerated Resolution Therapy (ART) is an Evidenced Based Protocol that is shown to help reduce the negative symptoms related to traumatic experiences.

An ART session normally completes one “scene” representative of the problem. If there are many “scenes” related to the problem, it may take an average of three sessions to complete the treatment for the problem.

Distressing, unresolved memories may surface using ART. Some clients have experienced reactions during the treatment sessions that neither they nor the administering clinician may have anticipated, including an elevated level of emotional or physical sensations. Rarely, a client will report a headache after a session. Usually, these sensations can be processed during the ART session and most clients leave feeling relaxed. Negative images from distressing memories may seem to fade or disappear, while more pleasant memories take their place during ART.

I acknowledge that I have been advised to check with a medical physician concerning any medical conditions that might put me at risk due to the possibility of a heightened emotional reaction, for example, pregnancy, heart conditions, high blood pressure, rapid back and forth movements throughout the session, or any other concerns. I agree to contact my therapist with questions or concerns that I may have about ART therapy.

Client Signature: _____ Date: _____

Witness Signature: _____ Date: _____