



Quality Assurance Bulletin

Quality Assurance Unit

County of Los Angeles – Department of Mental Health

Lisa H. Wong, Psy.D., Acting Director

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OBTAINING CONSENT

This Bulletin provides updated guidance on obtaining consent to deliver Specialty Mental Health Services (SMHS). All providers must obtain consent from clients prior to delivering SMHS in accord with the guidelines below. While consent forms and other administrative forms may be obtained and completed by any staff (e.g. clerical), the first practitioner to see the client, in accord with [QA Bulletin 22-05](#), must engage in a meaningful discussion with the client about what they are consenting to and the process of receiving SMHS.

For Directly-Operated providers, the Consent for Services form has been updated to incorporate the following forms and required information. The new consolidated form ends the need for clients to sign multiple forms and for staff to keep track of multiple forms to provide to the client.

- General consent for services;
- Consent for telehealth services;
- Consent for telephone services;
- Consent for secure e-mail;
- Consent for secure text messaging;
- Information on the LACDMH Provider Directory per requirements in [QA Bulletin 22-02](#);
- Information on the Mental Health Plan Beneficiary Handbook per requirements in [QA Bulletin 22-02](#);
- Information on Advanced Health Care Directives in accord with DMH Policy 200.01;
- Minor consent forms for completion by staff.

For Directly-Operated providers:

1. Verbal consent or electronic signature may be obtained and documented on the Consent for Services form. Electronic signature shall be obtained within IBHIS (see IBHIS Notification Bulletin 22-02). In the case of verbal consent or electronic signature, information on the new Consent for Services form must be made available so the client is aware of what they are consenting to. For example, a blank copy of the form may be emailed to the client. If the client wishes to hand-sign the consent form in lieu of providing verbal consent or electronic signature, they should be advised to return the form in a secure manner.
2. For emergency psychiatric conditions, completing the Consent for Services form is not required. Upon resolution of the emergency psychiatric condition, consent for services must be obtained.
3. A Court Order, Minute Order or DCFS 179MH form may be obtained in lieu of the Consent for Services form. The first three pages of the paper Consent for Services form and the Frequently Asked Questions attached to the form must be provided to the client/legal representative.
4. Minors 12 years of age and older who meet applicable legal criteria may consent for their own services. Staff must indicate on the Consent for Services form, page 5, which criteria are met. Only one of the five criteria options needs to be met.
5. The Consent for Services form asks whether a minor is enrolled in the “Minor Consent Medi-Cal” program, and indicates that if they are, the Non-Billable to Medi-Cal procedure codes must be used for all services to them. Please note that the Minor Consent Medi-Cal program requires the minor to enroll in Medi-Cal separate from their parents, and as a result, the minor’s services are funded through a different mechanism and therefore their parents will not be notified through billing of the services. Minors who simply consent for their own services, as referenced in #4 above, are not automatically enrolled in the program. Individuals enrolled in the Minor Consent Medi-Cal program can be identified by their Medi-Cal aid code (7M, 7N, and 7P).

6. In situations where the client appears to be unable to provide written or verbal consent in the standard manner, client engagement in the assessment process may be considered implicit consent. It must be documented within the clinical record that the client was informed that their information will be entered into the DMH electronic information system.

Implementation

For Directly-Operated providers, the new Consent for Services form should be used for all new clients whose preferred language is English beginning July 1, 2022. IBHIS has been updated to account for the changes on the paper form. In addition, because the updated form has additional important information for clients, existing clients should sign the updated Consent for Services form as individual situations permit over the course of the year. If at any point a client wishes to revoke consent for any item on the updated form, a new Consent for Services form shall be completed.

The updated form will be available in additional County threshold languages in the near future and posted on the QA webpage at: <https://dmh.lacounty.gov/qa/ca/>.

DMH Policy 302.12 will be updated with the above information and in accord with [QA Bulletin 22-05](#).

If Directly-Operated or Contracted providers have any questions related to this Bulletin, please contact the QA Unit at QualityAssurance@dmh.lacounty.gov.

cc: DMH Executive Management
DMH Administration Managers
DMH QA Liaisons
Legal Entity Executive Management

DMH Clinical Operations Managers
DMH Quality, Outcomes & Training Division
DMH CIOB Managers
Legal Entity QA contacts