

# **State of Iowa Department of Corrections Policy and Procedures**

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Applicability: Institutions  
Policy Code: Public Access  
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Chapter 6: Health Services  
Sub Chapter: Health Record  
Related DOC Policies: HSF-305  
Administrative Code Reference: N/A  
Subject: Refusal of Treatment  
ACA Standards: 5-ACI-6C-04  
Responsibility: Dr. Michael Riley  
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Authority:

## **1. PURPOSE**

To ensure that a consistent and clinically appropriate process is established for managing and documenting when a patient chooses to refuse recommended or prescribed healthcare services within the Iowa Department of Corrections (IDOC). This process supports informed decision-making, protects patient rights, and mitigates clinical and operational risk.

## **2. POLICY**

It is the policy of the Iowa Department of Corrections to provide patients in custody with sufficient information to make an informed decision regarding refusal of medical, dental, mental health, or other prescribed health services. All refusals will be documented in accordance with IDOC procedures and clinical standards. Healthcare staff shall make reasonable efforts to educate patients about the consequences of refusing cares.

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### 3. PROCEDURES

#### A. Patients Refusal of Recommended or Prescribed Health Care

Patients may elect to refuse recommended or prescribed health service procedures, treatments, medication(s), or healthcare recommendations after being informed of the risks, benefits, and alternatives. Right to refuse may be limited unless the care is court-ordered, the patient is determined to be legally incapacitated to make healthcare decisions, or the care is necessary to prevent serious harm to the individual or others in accordance with IDOC policy. The patient's refusal to accept health services for a specific medical/mental health/dental condition (problem) is to be documented on the *Treatment Refusal form, HSF-305*. The patient and a staff witness are to sign and date the form. If the patient refuses to sign the form, two staff witnesses are to document this by signing the form electronically or in writing. If the patient refuses to sign, staff shall document "refused to sign". The person obtaining the refusal shall enter a progress note in the patient's electronic health record (ERH). The patient's stated reasons for refusal and understanding, the service refused, and the education provided to the patient are to be included in this progress note. A medical provider will review all treatment refusals. It will be the responsibility of the medical provider to specify in the health record which medical orders are to be discontinued. Documentation shall reflect that the patient is aware of the medical consequences of signing a treatment refusal. If there is a concern about the patient's decision-making capacity, the provider must initiate a formal treatment team meeting so that capacity and risk can be assessed, especially if the refusal is for critical care or high-risk conditions. Mental health staff shall be consulted if the refusal appears related to psychiatric symptoms or impaired decision-making.

1. Licensed healthcare staff shall explain, in understandable terms, the recommended treatment, its purpose, potential benefits, and possible risks of refusal.
2. Persistent or High-Risk Refusals – Repeated or high-risk refusals (e.g., refusal of insulin, wound care, etc.) must be reviewed by the appropriate provider.
3. Emergencies and Exceptions – In life-threatening emergencies where the individual cannot consent to treatment and delay would jeopardize

health, treatment may be provided under implied consent per professional standards or as determined by outside facility policy.

4. Special Populations – For patients with cognitive impairments, development disabilities, or language barriers, staff must ensure understanding using appropriate tools, supports, or interpreter services.

## **B. Activity Restrictions**

Activity limitations and medical work class adjustments often apply even if a patient completes a formal treatment refusal. The patient's refusal of treatment does not exempt a patient from necessary work or activity restrictions based on their medical condition, i.e., work, sports, weightlifting. Providers may restrict activities to prevent aggravation of underlying health conditions even in the absence of formal treatment. Clinical staff retain the obligation to ensure safety and accommodate limitations related to medical conditions.

## **C. Medical Observation for Refusal of Treatment**

1. A patient's refusal of health services does not mitigate the responsibility IDOC health professionals bear for ensuring a correctional environment which is reasonably free of those infectious disease conditions which could place others at risk (e.g., tuberculosis, varicella, measles, or other reportable infectious diseases). Medical care observation shall be considered if the patient's treatment refusal could place others at risk. Staff may initiate medical observation status in order to monitor for emerging symptoms, protect the health of others, or fulfill IHHS reporting requirements.
2. Patients may be placed in medical observation for health reasons if a patient refuses to comply with appropriate infectious disease screening, testing, or treatment. Medical observation for health reasons is to be terminated when the patient complies with appropriate infectious disease screening and no other documented health information warrants continuation of the observation status for the immediate protection of the patient or others.
3. Medical staff shall document the patient's refusal, the justification for initiating the observation, the observation plan, and any clinical findings, changes in condition, or decision to resume treatment or screening.

## **D. Rescinding a Treatment Refusal**

1. A treatment refusal may be rescinded when relevant health information appropriately documented in the patient health record supports such action. A medical/mental health/dental emergency will always be treated. A treatment refusal may be rescinded by a patient at any time. The patient must clearly communicate the decision to rescind their refusal to a licensed healthcare staff member. This must be properly documented by a licensed medical provider in the patient's health record. Providers must reassess the patient's treatment plan upon rescission and ensure proper delivery of care.
2. Treatment refusals are considered null and void when a patient is released at the end of their sentence or otherwise obtains a non-temporary release from prison, i.e., work release or parole.