

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

Policy Number: HSP-307  
Applicability: DOC  
Policy Code: Public Access  
Iowa Code Reference: 599.1  
Chapter 6: Health Services  
Sub Chapter: Health Records  
Related DOC Policies: HSP-307, HSP-1001  
Administrative Code Reference: N/A  
Subject: Informed Consent  
ACA Standards: 5-ACI-6C-04  
Responsibility: Dr. Jerome Greenfield  
Effective Date: July 2020  
Authority:

## **1. PURPOSE**

To ensure a proper procedure in meeting requirements of informed consent for individuals assigned to the Iowa Department of Corrections (IDOC) consistent with community standards and in accordance with state and federal laws and regulations.

## **2. POLICY**

It is the policy of IDOC that patients shall have the opportunity to evaluate the options available and the attendant risks of interventions recommended for the diagnosis and treatment of conditions affecting health status. The health care provider is obligated to provide information sufficient for a patient to make an informed decision to consent or refuse the recommended health care intervention. Written informed consent shall be obtained from the patient prior to any invasive health care procedure with major adverse health risks.

## **3. DEFINITIONS**

- A. Informed Consent - A patient's rights to know the risks and benefits of a medical procedure.
- B. See IDOC Policy **AD-GA-16** for Definitions.

## **4. PROCEDURES**

### **A. The provider shall provide a patient, who has a health condition that requires diagnostic evaluation or treatment, an explanation:**

- 1. Of the procedure or treatment;
- 2. Any alternative procedures or methods of treatment; and,
- 3. Risks of the procedure or treatment.

Informed consent, utilizing the correct forms, as indicated below, shall be obtained from the patient when appropriate. Life-threatening conditions may require treatment without first obtaining informed consent.

### **B. Surgical Consent**

- 1. Utilize **HSF-307B**, *Invasive Procedure Consent Form* for surgical procedures.
- 2. Utilize form **HSF-1001B**, *Dental Surgery Consent English and Spanish versions*; and form **HSF-1001C**, *Endodontic Consent*. Both forms are generated electronically in ICON Medical to allow patient's electronic signature.

### **C. Vaccine and Immunization Consent**

Any time a patient is offered a vaccine or immunization, Form **HSF-307D**, *Vaccine/Immunization Consent Form* is to be completed (e.g. pneumococcal vaccine, pertussis vaccine, etc.)

## **D. Minors**

**Iowa Code 599.1** states: "A person who is less than eighteen years old, but who is tried, convicted, and sentenced as an adult and committed to the custody of the director of the Department of Corrections shall be deemed to have attained the age of majority for purposes of making decisions and giving consent to medical care, related services, and treatment during the period of the person's incarceration."