DEPARTMENT OF MENTAL HEALTH
POLICY / PROCEDURE

SUBJECT: **ELECTROCONVULSIVE THERAPY (ECT)**	POLICY NO. **202.12**	EFFECTIVE DATE **12/01/92**	PAGE **1 of 12**
APPROVED BY: **Original Signed by: ARETA CROWELL, Ph.D.** Director	SUPERSEDES **101.12**	ORIGINAL ISSUE DATE **04/18/88**	DISTRIBUTION LEVEL(S) **2**

PURPOSE:

1.1 To provide guidelines in the application, administration and documentation of electroconvulsive therapy (ECT) and in the care of the patient post-ECT in order to ensure a safe and responsible implementation.

POLICY:

2.1 It is the policy of the Los Angeles County Department of Mental Health (DMH) to ensure that ECT administered in DMH supported facilities will be given in compliance with the Welfare and Institutions Code (WIC), Sections 5326.15 – 5326.95, and California Code of Regulations (CCR), Title 9, Sections 835-849 and will be safely and responsibly implemented.

DEFINITION:

3.1 "Convulsive treatment" is the planned induction of a seizure through electrical or chemical means for therapeutic purposes (CCR 836(a)).

PROCEDURE:

4.1 <u>Legal Requirements for Informed Consent</u>

4.1.1 Written informed consent means that a person knowingly and intelligently, without duress or coercion, clearly and explicitly manifests consent to the proposed therapy to the treating physician and in writing on the standard consent form (WIC 5326.5(a)).

4.1.2 A person shall be deemed to have the capacity to consent or to refuse to consent if it is determined that such person has actually understood and can knowingly and intelligently act upon the information specified in Section 4.1.8. Understanding of the potential benefits and risks of the proposed treatment is the primary factor in determining such capacity to consent or refuse consent. A person shall not be deemed to lack capacity to consent or refuse consent solely by virtue of any psychiatric or medical diagnosis (CCR 840(a)(b)).

4.1.3 The patient shall be deemed incapable of giving written informed consent if such a person cannot understand, or knowingly and intelligently act upon, the information as specified in Section (WIC 5326.6(c)).

4.1.4 Consent shall be for a specified maximum number of treatments over thirty (30) days, and shall be revocable by the patient at any time before or between treatments. Such withdrawal of consent may be either oral or written and shall be given effective immediately. Additional treatments in the number or time, not to exceed thirty (30) days, shall require a renewed written informed consent (WIC

days, shall require a renewed written informed consent (WIC 5326.7(d)).

4.1.5 No convulsive treatment shall be performed if the patient, whether admitted to the facility as a voluntary or involuntary patient, is deemed to be able to give informed consent and refuses to do so.

4.1.6 The physician may urge the proposed treatment as the best one, but may not use, in an effort to gain consent, any reward or threat, expressed or implied, nor any other form of inducement or coercion, including, but not limited to, placing the patient in a more restricted setting, transfer of the patient to another facility, or loss of the patient's hospital privileges. No one shall be denied any benefits for refusing treatment (WIC 5326.5(b) and CCR 841).

4.1.7 If a patient is deemed by the physician to have the capacity to give informed consent, but refuses to do so, the physician shall indicate in the clinical record that the treatment was refused despite the physician's advice, and that the physician has explained to the patient the patient's responsibility for any untoward consequence of the refusal (CCR 841).

4.1.8 The attending physician must give to the patient (and a responsible relative if the patient designates one) and the patient's guardian or conservator, if there is one, a clear and explicit oral explanation of specifics (WIC 5826.2 and 5326.7(c)):

4.1.8.1 The reason for treatment, i.e., the nature and seriousness of the patient's illness, disorder or defect.

4.1.8.2 The nature of the procedures to be used in the proposed treatment, including its probable frequency and duration.

4.1.8.3 The probable degree and duration (temporary or permanent) of improvement or remission, expected with and without such treatment.

4.1.8.4 The nature, degree, duration, and the probability of the side effects and significant risks, commonly known by the medical profession, of such treatment, including its adjudvants, especially noting the degree and the duration of memory loss (including its irreversibility) and how and to what extent they may be controlled, if a all.

4.1.8.5 That there exists a division of opinion as to the efficacy of the proposed treatment, why and how it works, and its commonly known risks and side effects.

4.1.8.6 The reasonable alternative treatments and why the physician is recommending this particular treatment.

4.1.8.7 That the patient has the right to accept or refuse the proposed treatment and that, if the patient consents, the patient has the right to revoke his/her consent for any reason, at any time prior to or between treatments.

4.1.9 The standard State Department of Mental Health consent form is to be used (Attachment 2). This form sets forth clearly, and in detail, the matters listed above, along with further information with respect to each item as deemed generally appropriate to all patients. The treatment physician must utilize the standard form and, in writing, supplement it with those details which pertain to the particular patient being treated (WIC 5326.3).

4.1.10 The treating physician shall explain to the patient orally, clearly, and in detail all of the above information. The patient <u>must be allowed 24 hours in which to consider the information provided prior to actually signing the consent form.</u> If this information has been discussed with the patient by an attending physician prior to the patient's admission, this should be documented in the medical record, along with the dates of the discussion. The consent to treatment form must be dated and witnessed. The witness (nursing staff, social worker staff, or family members) must be other than the treating physician who explains and presents the consent form.

4.1.11 The treating physician must enter into the medical record the date on which the required information was discussed with the patient, which must be at least 24 hours prior to the date on which the patient signs the consent form. The consent form shall be available to the person, and to his/her attorney, guardian and/or conservator, and, if the patient consents, to a responsible relative of the patient's choosing. The fact of the execution of the written consent form shall also be entered in the treatment record (WIC 5326.4 and 5326.5(e)).

4.2 <u>Convulsive Treatment Procedures for Voluntary Patients</u>

Convulsive treatment may be administered to a **VOLUNTARY** patient only if:

4.2.1 The treating physician or attending physician enters adequate documentation in the patient's treatment record of the reasons for the procedure, that all reasonable treatment modalities have been carefully considered and that the treatment is definitely indicated and is the least drastic alternative available for this patient at this time. Such statement in the treatment record shall be signed by the attending and treatment physician or physicians (WIC 5326.7(a)).

4.2.2 All other treatment modalities need not be tried prior to convulsive treatment, but they must be considered. Treatment modalities are to be construed to mean general categories such as chemotherapy, psychotherapy, etc., but not all specific subcategories of each general category.

4.2.3 All requirements for informed consent contained in Section 4.1 above have been met and written consent obtained from the patient.

4.2.4 A board-certified or board-eligible psychiatrist or neurologist other than the patient's attending or treating physician has examined the patient and verifies that the patient has the capacity to give and **has given** written informed consent. Such verification hall be documented in the patient's treatment record and signed by the physician (WIC 5326.75(b)).

4.2.5 A responsible relative (if the patient designates one) and the patient's guardian or conservator, if there is one, have been given the oral explanation (as outlined under Section 4.1.8) by the treating or attending physician. Responsible relative is defined as the spouse, parent, adult child, or adult brother or sister of the patient. Should the patient desire not to inform a relative or should such a chosen relative be unavailable, this requirement is dispensed with (WIC 5326.7(c)).

4.2.6 The treating physician must enter into the medical record that the required oral explanation was given to the relative and/or the guardian or conservator, if there is one. If the patient does not desire to inform a relative, this fact must be entered into the record. If the named relative is unavailable, attempts to locate him/her should be documented.

4.2.7 If the required verification of the capacity to give written informed consent is not met or if it is determined that the patient does not have

consent is not met or if it is determined that the patient does not have the capacity to give informed consent, then Sub-sections 4.3.3, 4.3.6, 4.3.7, 4.3.8 and 4.3.9 of the following 4.3 "Convulsive Treatment Procedures for Involuntary Patients" must be followed (WIC 5326.75).

4.3 Convulsive Treatment Procedures for Involuntary Patients (Including Anyone Under Guardianship or Conservatorship

4.3.1 Convulsive treatment may be administered to an **INVOLUNTARY** patient, including anyone on a 72-hour hold, 14-day hold certification, second 14-day hold and 30-day hold certification, 180-day post certification, or under guardianship or conservatorship, **only if all of the following provisions have been met.**

4.3.2 The attending or treating physician enters adequate documentation in the chart of the reasons for the procedures, that all reasonable treatment modalities have been carefully considered, and that the treatment is definitely indicated and is the least drastic alternative available for the patient at the time. The statement must be signed by the physicians (WIC 5326.7(a)).

4.3.3 A review of the patient's treatment record is conducted by a committee of two physicians, at least one of whom shall have personally examined the patient. Both physicians must be either board-certified or board-eligible psychiatrists or neurologists. One physician may be appointed by the facility responsible for the ECT. The other physician shall be taken from a list approved by the County Mental Health Director. Both the physicians must agree with the treating physician's determinations as noted in Section 4.3.2 above. Such agreement shall be documented in the patient's treatment record and signed by both physicians (WIC 5326.7(b)).

4.3.3.1 It shall be the responsibility of the County Mental Health Director to promulgate a list of board-certified or board-eligible psychiatrists and/or neurologists who may serve on a committee to review case records of involuntary patients prior to the administration of convulsive treatments.

4.3.4 A responsible relative of the person's choosing and the person's guardian or conservator, if there is one, have been given the oral explanation by the attending physician as specified in Section 4.1.8, unless the person desires not to inform a relative or the chosen relative is unavailable (WIC 5326.7(c)).

4.3.5 The patient gives informed consent as outlined above under 4.1 "Legal Requirements for Informed Consent".

4.3.6 The patient's attorney, or, if none, a public defender appointed by the Superior Count, Department 95, agrees as to the patient's capacity or incapacity to give written informed consent and that the patient who has capacity has given written informed consent (WIC 5326.7(e)).

4.3.7 If either the attending physician and the attorney believes that the patient does not have the capacity to give a written informed consent, then a petition shall be filed in the Superior Court, Department 95, to determine that patient's capacity to give written informed consent. The Court shall hold an evidentiary hearing after giving appropriate notice to the patient, and within three judicial days after the petition is filed. As such hearing, the patient shall be present and represented by legal counsel (WIC 5326.7(f)).

4.3.8 If the Court determines that the patient does not have the capacity to give written informed consent, then treatment may be performed upon gaining written informed consent from the responsible relative or the guardian or the conservator of the patient (WIC 5326.7(g)).

4.3.9 At any time during the course of treatment of a person who has been deemed incompetent, that person shall have the right to claim regained competency. Should the person do so, the person's competency must be re-evaluated according to Section 4.2.4 above (WIC 5326.7(h)).

4.4 <u>ECT Procedures for Minors</u>

4.4.1 Under no circumstances shall convulsive treatment be performed on a minor under 12 years of age (WIC 5326.8).

4.4.2 Persons 16 and 17 years of age shall <u>personally</u> have and exercise their rights with regard to ECT. They are thus subject to the provisions mentioned above under Section 4.1 "Legal Requirements for Informed Consent", if voluntary, and may grant or withhold consent for convulsive treatment to the same extent as adults who are voluntary patients (CCR 845 and WIC 5326.8).

4.4.3 For children ages 12-15, all the provisions mentioned under "Legal Requirements for Informed Consent" must be met **and, in addition,**

Requirements for Informed Consent" must be met **and, in addition,**

4.4.3.1 It is an emergency situation and convulsive treatment is deemed a life-saving treatment.

4.4.3.2 This fact and the need for and appropriateness of the treatment are unanimously certified by a review board of the three board-eligible child psychiatrists appointed by the local Mental Health Director (WIC 5326.8).

4.4.3.3 ECT is otherwise performed in full compliance with regulations promulgated by the Director of the State Department of Mental Health (WIC 5326.8).

4.4.3.4 If substitute consent is authorized by the Court, the custodial parent(s), or individual or agency with legal custody, shall be considered the guardian for purposes of granting or withholding substituted consent (CCR 845).

4.4.3.5 ECT is thoroughly documented and reported immediately to the Director of the State DMH. The Los Angeles County DMH will provide the required form for reporting convulsive treatment given to minors 12-15 years of age, inclusively. This form must be submitted immediately after the first treatment (WIC 5326.8).

4.5 Review and Post-Treatment Audit Committee

4.5.1 Any facility in which convulsive treatment is performed, whether on a voluntary or an involuntary patient, shall designate a qualified committee of three psychiatrists and/or neurologists knowledgeable about the treatment and its effect to verify the appropriateness and need for such treatment. This committee shall review all convulsive treatments given in that facility on a quarterly basis. If treatments are initiated in a facility, and then continued outside that facility, the physician who continues treatments shall report the total number to the facility, and any such treatments shall be reviewed by the facility's review committee. When more than one seizure is induced in a single treatment session, each seizure shall be considered a separate treatment for record keeping and reporting purposes (CCR 836 and 847).

4.5.2 Persons who serve on review committees shall not otherwise be personally involved in the treatment of the patient whose case they

personally involved in the treatment of the patient whose case they are reviewing. This restriction applies to pre-treatment review committees and post-treatment audit committees (WIC 5324.55 and CCR 849).

4.5.3 The local Mental Health Director shall establish a post-audit review committee for convulsive treatments administered anywhere other than in any facility as defined in Section 1250 of the Health and Safety Code in which psychiatric evaluation or treatment is offered. Records of these committees will be subject to availability in the same manner as are the records of other committees and to such other hospital utilization and audit committees and to such other regulations as are promulgated by the State Director of Mental Health. Persons serving on such review committees will enjoy the same immunities as other persons serving on utilization, peer review and audit committees of health care facilities. The post-treatment review committee shall consist of at least three psychiatrists and/or neurologists knowledgeable about electroconvulsive treatment and its effect and will have the responsibility to review all convulsive treatments given anywhere other than in a health facility. There must be at least a quarterly review (WIC 5326.91).

5.1 Excessive Use of Convulsive Treatment

5.1.1 Convulsive treatment shall be considered excessive if more that 15 treatments are given to a patient within a 30-day period, or a total of more than 30 treatments are given to a patient within a one-year period (CCR 849).

5.1.2 If, in the judgment of the attending physician, more than the above limits are indicated, prior approval for continued ECT therapy must first be obtained from the review committee of the facility or, if ECT is not administered in a facility, by the County. Requests for approval shall include documentation of the diagnosis, the clinical findings leading to the recommendation for the additional treatments, the consideration of other reasonable treatment modalities, and the opinion that additional treatments pose less risk than other potentially effective alternatives available for the particular patient at the present time. A maximum number of additional treatments shall be specified. The review committee shall act upon any such request within seven (7) days of its receipt and shall document the maximum number of

additional treatments approved. All applicable informed consent procedures shall also be followed (CCR 849).

procedures shall also be followed (CCR 849).

6.1 Quarterly Reports on Convulsive Treatment

6.1.1 Any doctor or facility that administers convulsive treatments or that considers such treatment methods a part of their program, shall submit a monthly report to the local Mental Health Director, who shall transmit the data to the State Director of Mental Health. These reports shall be made regardless of whether or not any of these treatment methods were used during the month. Likewise, any physician who considers any of these methods a service that he/she provides and whose use of the above mentioned treatment methods is not included in any facility's report, must submit a monthly report to the local Mental Health Director even if such treatments were not administered during that particular time (CCR 838(b)).

6.1.2 The quarterly reports shall indicate:

6.1.2.1 Voluntary patients who gave informed consent;

6.1.2.2 Voluntary patients deemed incapable of giving informed consent;

6.1.2.3 Involuntary patients (including patients under guardianship or conservatorship) who gave informed consent;

6.1.2.4 Involuntary patients (including patients under guardianship or conservatorship) deemed incapable of giving informed consent;

6.1.2.5 Age, sex and the race of the patients undergoing convulsive treatment;

6.1.2.6 The major source of payment for the treatment by type: private; public (including but not limited to: Medicare, Medi-Cal and Bronzan-McCorrquodale); third-party payor; or other (specify);

6.1.2.7 Number of treatments administered when more than one seizure is induced in a single treatment session; each seizure shall be considered a separate treatment for record-keeping and reporting purposes (CCR 836(a)).

6.1.2.8 Complications that arise during the course of administering convulsive treatment including the following:

convulsive treatment including the following:

- cardiac arrests that are non-fatal;
- fractures, with medical diagnosis of the fracture accompanying the report;
- apnea, lasting a longer duration than considered normal;
- reported memory loss;
- deaths – all deaths during convulsive treatment must be reported to the coroner. If an autopsy is performed by the coroner, a report of the finding should accompany this report; and, if no autopsy is performed, the reason for non-compliance must be stated. Requirement of Section 5328 of the Welfare and Institutions Code on confidentiality must nevertheless be observed.

6.1.3 Monthly reports shall be made on a form which shall be issued by the State Department of Mental Health which shall include all necessary instructions and definitions (CCR 838(c)). (Attachment 1)

6.1.4 A facility, clinic or physician who fails to submit required reports by the 15th of the month following completion of the quarter shall be notified by the local Mental Health Director of the legal obligation to submit these reports. Failure to comply within 15 days after such notification shall be reported to the Director of the State Department of Mental Health, who may take any and all of the action specified in Section 5326.9 of the Welfare and Institutions Code (CCR 838.2).

6.1.5 The local Mental Health Director shall transmit copies of all quarterly reports received to the Patient's Rights Office, State Department of Mental Health, 1600 Ninth Street, Sacramento, CA 95814, by the last day of the month following the end of the quarter (CCR 838.3).

7.1 <u>Violation Penalties</u>

7.1.1 Any alleged or suspected violation of the rights described in Chapter 2 (commencing with WIC Section 5150) shall be investigated by the local Mental Health Director or his/her designee. Violations of statutory ECT requirements shall also be investigated by the State Director of Mental Health or his/her designee. If it is determined by the local Director of Mental Health or the State Director of Mental

the local Director of Mental Health or the State Director of Mental Health that a right has been violated, a formal notice of violation shall be issued.

7.1.2 Either the local Director of Mental Health or the State Director of Mental Health, upon issuing a notice of violation, may take any or all of the following actions:

7.1.2.1 Assign a specified time period during which the violation shall be corrected.

7.1.2.2 Referral to the Medical Board of California or other professional licensing agency. Such board shall investigate further, if warranted, and shall subject the individual practitioner to any penalty the board finds necessary and is authorized to impose.

7.1.2.3 Revoke a facility's designation and authorization under Section 5404 to evaluate and treat persons detained involuntarily.

7.1.2.4 Refer any violation of law to a local district attorney of the State Attorney General for prosecution in any court with jurisdiction.

7.1.3 Any physician who intentionally violates statutory ECT requirements shall be subject to a civil penalty of not more than five thousand dollars ($5,000) for each violation. Such penalty may be assessed and collected in a civil action brought by the State Attorney General in a Superior Court. Such intentional violation shall be grounds for revocation of license.

8.1 <u>Medical Provisions for Electroconvulsive Therapy</u>

8.1.1 ECT patients must have a completed history and physical prior to the initiation of treatment, including all CBC, urinalysis, acceptable baseline chest x-ray, and EKG as well as any other clinically indicated specific lab tests.

8.1.2 Patients should be NPO after midnight the day prior to treatment.

8.1.3 All patients should have EKG monitoring and baseline vital signs taken prior to treatment.

taken prior to treatment.

8.1.4 All patients should have EKG monitoring during the treatment until awake.

8.1.5 Vital signs should be monitored by the treating physician or a designated R.N. at least every 15 minutes post ECT until stable.

9.1 ETC Forms

The Following list or similar forms are to be used as guidelines to ensure compliance with Division 5 of the Welfare and Institutions Code:

Attachment I – Monthly Report of Convulsive Treatments Administered

Attachment II – Informed Consent for Electroconvulsive Treatment

Attachment III – Review Committee Convulsive Treatment (for Involuntary Patients and Persons Under Guardianship or Conservatorship)

Attachment IV – Informed Consent Review – Convulsive Treatment (for Voluntary Patients)

Attachment V – Petition for Evidentiary Hearing

Attachment VI – ECT Workup Check List

AUTHORITY:

Welfare and Institutions Code, Sections 5326.15 – 5326.95
California Code of Regulation (CCR), Title 9, Sections 835-839

cility (c .D.) _____

Reporting Month _____ 19 _____

☐ Check Here If NO Convulsive Treatment to Report

☐ Check Here If NO Psychosurgery to Report

I.D. NUMBER AND AGE		LEGAL STATUS				SEX		ETHNICITY						PAYMENT SOURCE				ECT etc.	COMPLICATIONS				DEATH	AUTOPSY
'atient's Hospital or Office) Number	Age	Vol. Patient with informed consent	Invol. Patient with informed consent	Vol. Patient incapable of consent	Invol. Patient incapable of consent	Female	Male	White	Black	Hispanic	Asian	American Indian	Other	PRIVATE	PUBLIC	3RD PARTY PAYOR	OTHER	TREATMENTS THIS MONTH	CARDIAC ARREST	FRACTURES	APNEA	MEMORY LOSS		
TOTALS																								

SUBMIT REPORT TO:

STAT CLERK
PATIENTS' RIGHTS OFFICE
Los Angeles County
Dept. of Mental Health
505 S. Virgil Ave.
Los Angeles, CA 90020

#202.12 Attachment I

OF CALIFORNIA—HEALTH AND WELFARE AGENCY

GEORGE DEUKMEJIAN, Governor

ARTMENT OF MENTAL HEALTH
9th STREET
MENTO, CA 95814

(916) 323-8176

January 7, 1991

DMH INFORMATION NOTICE NO.: 91-02

TO: LOCAL MENTAL HEALTH DIRECTORS
LOCAL MENTAL HEALTH PROGRAM CHIEFS
LOCAL MENTAL HEALTH ADMINISTRATORS
COUNTY ADMINISTRATIVE OFFICERS
CHAIRPERSONS, MENTAL HEALTH ADVISORY BOARDS

SUBJECT: Informed Consent Form for Electroconvulsive Treatment

Sections 5325 through 5327 of the Welfare and Institutions Code require that there will be an informed consent form signed by a patient who is to receive Electroconvulsive Treatment (ECT).

A form was developed by the Department for use with patients who are to receive ECT. The form [MH 300 (8/89)] is titled Electroconvulsive Treatment (ECT), Informed Consent For. This form is available in English and in Spanish.

Copies of this form may be obtained from the Records Management Unit, Department of Mental Health, 1600 9th Street, Room 100, Sacramento, California 95814.

Thomas E. Rietz
THOMAS E. RIETZ
Deputy Director
Division of Community Programs

Enclosure

cc: California Council on Mental Health
Chief, Community Program Operations Branch
County Operations Chiefs

DO NOT SIGN THIS FORM UNTIL YOU HAVE ALL THE INFORMATION YOU DESIRE CONCERNING ELECTROCONVULSIVE TREATMENT (ECT).

The nature and seriousness of my mental condition, for which ECT is being recommended, is _____

_____

RECOMMENDATION: I understand that ECT involves passage of an electrical stimulus across my brain for a few seconds, sufficient to induce a seizure. In my case the treatments will probably be given_____ times per week for_____weeks, not to exceed a total of_____treatments and not to exceed 30 days from the first treatment. Additional treatments cannot be given without my written consent.

Reasonable alternative treatments (such as psychotherapy and/or medication) have been considered and are not presently recommended by my doctor because

IMPROVEMENT: I understand that ECT may end or reduce depression, agitation and disturbing thoughts. In my case there may be permanent improvement, no improvement, or the improvement may last only a few months. Without this treatment my condition may improve, worsen or continue with little or no change.

SIDE EFFECTS AND RISKS: I understand there is a division of opinion as to the effectiveness of this treatment as well as uncertainty as to how this proceedure works.

I also understand this treatment may have brief side effects; headaches, muscle soreness and confusion.

There may be some memory loss which could last less than an hour or there may be a permanent spotty memory loss. Memory loss and confusion may be lessened by the use of unilateral (one-sided) electrical brain stimulation rather than bilateral (two-sided) stimulation.

Anesthesia and muscle relaxants will be used during these treatments to prevent accidental injury. Oxygen will be administered to minimize the small risk of heart, lung, brain malfunction or death as a result of the anesthesia or treatment procedures.

My physician states I have the following special circumstances which increase the risk in my case:

I HAVE THE RIGHT TO ACCEPT OR REFUSE THIS TREATMENT. IF I CONSENT, I HAVE THE RIGHT TO REVOKE MY CONSENT FOR ANY REASON AT ANY TIME PRIOR TO OR BETWEEN TREATMENTS.

Dr. _____has explained the above information to my satisfaction. At least 24 hours have elapsed since the above information was explained to me. I have carefully read this form or had it read to me and understand it and the information given to me.

I HEREBY CONSENT TO ECT_____

Signature Date and Time

_____ / _____

Witness Signature

] I am aware that I am entitled to speak with a patients' rights advocate before and/or after treatment.

NT FOR PATIENTS DEEMED TO HAVE THE CAPACITY TO CONSENT

have carefully read and understand the foregoing information. I hereby consent to the performance f electroconvulsive therapy. The required 24 hours have elapsed between the time the foregoing formation was provided to me and my signature.

(Patient's Signature) (Date and Time)

(Witness, other than attending or treating physician)

NT FOR PATIENTS DEEMED NOT TO HAVE THE CAPACITY TO CONSENT

ave carefully read and understand the foregoing information. I hereby consent to the performance

electroconvulsive treatment on: _____.
(Patient's Name)

e required 24 hours have elapsed between the time the foregoing information was provided to me and y signature.

(Substitute Decision Maker) (Date and Time)

(Legal or Familial Relationship to Patient) (Date and Time)

CATION OF RESPONSIBLE RELATIVE

tial appropriate box:

] I hereby request that no relative be notified of my treatment by electroconvulsive therapy.

] I hereby request that _____ be notified of my treatment
(Responsible Relative)

by electroconvulsive therapy.

(Patient's Signature) (Date and Time)

(Witness)

ELECTROCONVULSIVE TREATMENT
INFORMED CONSENT

Confidential Patient Information
See W&I Code Section 5328

My signature and the time the above information was provided to me.

_____	_____
Date	Patient
_____	_____
Date	Witness

I understand that while the understanding and consent of a relative or guardian to electroconvulsive therapy is desirable, I may invoke my right to privacy and request that no relative or guardian be notified of this treatment.

Initial Appropriate Box

/__/ I hereby request that no relative or guardian be notified of my treatment by electroconvulsive therapy.

/__/ I hereby authorize and agree that a relative or guardian may be notified of my treatment by electroconvulsive therapy.

_____	_____
Date	Patient
_____	_____
Date	Witness

CONSENT OF RELATIVE OR GUARDIAN

I have carefully read and understand the foregoing consent form. Dr._____ _____has explained to me the nature of electroconvulsive treatment alternative therapies, and the possible risks of such treatment. I join in consent to the performance of electroconvulsive therapy upon _____ _____.

_____	_____
Date	Relative or Guardian

LACDMH/1292

REVIEW COMMITTEE - CONVULSIVE TREATMENT

(For Involuntary Patients and Persons Under Guardianship or Conservatorship)

We, the undersigned physicians, have reviewed the treatment record of

_____, which included the psychiatric history and
(patient)

examination by _____, M.D., and specific statements
(treating physician)

by _____ M.D., indicating the reasons for
(treating physician)

the choice of this treatment procedure, that all reasonable treatment modalities have been carefully considered, that convulsive treatment is definitely indicated and is the least drastic alternative available for this patient at this time.

Based on a personal examination of the patient by _____, M.D.
(consulting physician)

and our review of the patient's treatment record, we agree with the opinion and recommendation of _____, M.D., that
(treating physician)

convulsive treatment is the treatment of choice for the welfare of this patient.

_____ _____,M.D.
(date) (consulting physician - appointed by facility)

_____ _____,M.D.
(date) (consulting physician - appointed by local Mental Health Director)

INFORMED CONSENT REVIEW - CONVULSIVE TREATMENT

(For Voluntary Patients)

I, the undersigned physician, have reviewed the treatment record of

_____, which included the psychiatric history and
(patient)

examination by _____,M.D., and specific statements by
(treating physician)

_____,M.D., indicating the reason for the choice of this
(treating physician)

treatment procedure, that all reasonable treatment modalities have been carefully considered, that convulsive treatment is definitely indicated, and is the least drastic alternative available for this patient at this time.

Based on my personal examination of the patient and my review of the patient's treatment record, I agree with the opinion of _____,M.D.,
(treating physician)

that the patient is capable of giving informed consent and has consented to the treatment.

_____ _____,M.D.
(date) (consulting physician)

(Voluntary patients include all patients who are not involuntarily detained, nor are under guardianship or conservatorship.)

LACDMH/1292

Matter Of _____

_____, am the attending physician for _____.
/ petition the superior court for the County of _____ for an evidentiary hearing three judicial days to determine the capacity of the aforesaid patient to give written informed consent[1] for ive treatment.[2]

☐ I believe this patient does not have capacity to give written informed consent.[3]

☐ There has been an allegation by the patient's attorney that he/she believes the patient does not have capacity to give written informed consent.

☐ Patient is voluntary and I believe has capacity to give informed consent, but there has not been verification by an eligible psychiatrist or neurologist that the patient has capacity to give written informed consent.[4]

entered and signed adequate documentation in the patient's treatment record of the reasons for the procedure, reasonable treatment modalities have been carefully considered, and that convulsive treatment is definitely ed and is the least drastic alternative available for this patient at this time.[5]

w of the patient's treatment record was conducted by a committee of two physicians, at least one of whom ally examined the patient. One of these physicians was appointed by the facility[6] and one was appointed by the ental health director. Both were board-certified or board-eligible psychiatrists or neurologists. Both agreed with terminations (see preceeding paragraph) and documented and signed their agreement in the patient's treatment .[7]

☐ The patient's conservator or guardian, or parent if the patient is an unemancipated minor 15 years of age or below, has been notified and given the oral explanation of the information required by Welfare and Institutions Code 5326.2.

☐ The patient has no conservator or guardian, and is not an unemancipated minor 15 years of age or below.[8]

☐ A responsible relative of the patient's choosing has been notified and given an oral explanation of the information required by Welfare and Institutions Code Section 5326.2.[9]

☐ The patient chose not to designate a relative to be informed of the treatment.[9]

☐ The relative(s) designated by the patient was/were unavailable.[9]

☐ Patient expresses a desire for the recommended treatment.

☐ Patient does not desire the recommended treatment.

☐ Patient's wishes in regard to the recommended treatment cannot be ascertained because

_____

_____

_____

TION FOR EVIDENTIARY HEARING

Confidential Patient/Client Information
See Welfare & Institutions Code Section 5328

(TWO-SIDED DOCUMENT)

dditional Comments (if any)

cause an issue has arisen as to the patient's capacity to give written informed consent, the recommended treatment nnot be commenced until an evidentiary hearing is held and a determination is made by the court as to the patient's pacity to give written informed consent.[10]

erefore, petitioner prays that proceedings be conducted pursuant to Subdivision (f) of Section 5326.7 of the fare and Institutions Code.

☐ To my knowledge the patient is not represented by an attorney and needs one appointed.[11]

☐ To my knowledge the patient is represented by:

Attorney's Name — Telephone Number

Street Address

City, State Zip Code

er's Name — Telephone Number

er's Street Address, City State Zip Code

Home Address and Telephone Number (if known)

Relative's Name (if applicable), Address and Telephone Number

Conservator, Guardian, or (if patient is an unemancipated minor) Parent, as appropriate, Address and Telephone Number

e under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief.

Signature

d this _____ day of _____ 19___, at _____, California.

TIONS

Welfare and Institutions Code Section 5326.5.
9 California Administrative Code Section 840.

Welfare and Institutions Code Section 532.5 (f).
9 California Administrative Code Section 836 (a).

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Welfare and Institutions Code Section 5326.7 (f).

Welfare and Institutions Code Section 5326.75 (b)(c).

Welfare and Institutions Code Section 5326.7 (a).

Welfare and Institutions Code Section 5326.7 (b).

Welfare and Institutions Code Section 5326.2.
Welfare and Institutions Code Section 5326.7 (c).
9 California Administrative Code Section 845.

Y FOR PROMULGATION OF THIS FORM

9 California Administrative Code Section 844 (c)

6. 9 California Administrative Code Section 836.2.

9. Welfare and Institutions Code Section 5326.2.
Welfare and Institutions Code Section 5326.7 (c).
9 California Administrative Code Section 846.

10. Welfare and Institutions Code Section 5326.7 (f).

11. Welfare and Institutions Code Section 5326.7 (e)(f).
The patient may also need an attorney appointed if the court deems the present attorney has a conflict.

E.C.T. WORK-UP CHECK LIST

Legal Requirements and Informed Consent:

These requirements are not merely hospital policy, but, in most cases, reflect State law; **they must be followed exactly.**

Date Completed/
Verified by Whom

_____ 1. **Voluntary Status.** 5326.75

_____ 2. **ECT Note:**

A progress note by the attending physician stating the reasons for ECT, that all reasonable treatment modalities have been carefully considered and ECT is definitely indicated and that ECT is the least drastic alternative for the patient (5326.7(a)).

_____ 3. **Informed Consent:**

The informed consent form detailing a reading and explanation of the indication, risks, benefits and procedure of ECT must be completed by the treating physician giving the oral explanation to the patient (5326.2). The treating physician must then enter a note in the progress note verifying this explanation has been given to the patient (5326.4). The informed consent specifies a maximum number of treatments for a period not to exceed 30 days (5326.7(d)), and is in compliance with the State Regulations Article 9, Sections 848 and 849, regarding excessive ECT Treatment and Review Requirements. (Convulsive Treatment shall be considered excessive if more than 15 treatments are given to a patient within a 30-day period, or a total of more than 30 treatments are given to a patient within a one-year period. If more than the above limits are indicated, prior approval must first be obtained from the review committee of the facility or county, whichever is appropriate.)

Date Completed/
Verified by Whom

_____ 4. **Patient Consent Form:**

At least 24 hours after the informed consent presentation, the patient must sign the ECT consent form. The witness must be other than the treating physician who presented and explained the form (5326.5). The consent form also contains an indication of wish to notify a responsible relative which must be similarly witnessed (5326.7(c)).

_____ 5. **Independent Consultant Note:**

A progress note by a Board-certified or Board-eligible psychiatrist, other than the patient's attending or treating physician, is required. This note should not only indicate that ECT is indicated, but also verify that the patient has the capacity to give and has given written informed consent. The consulting physician must sign the review form (5326.7(b)).

_____ 6. **Responsible Relative:**

If the patient wishes to notify a relative of his/her choosing, the Attending Physician must enter a progress note which indicates that the relative has been given a full explanation of indicators, risks, and benefits. If the patient names a relative who is unavailable, attempts made to locate and/or reason the relative is unavailable must be entered into the record (5326.7).