

I-71.1 Attachment C

Effective: 8/16/2017

Reviewed: 07/2021

Instructions for Completing the Refusal of Treatment Form

A capacitated inmate has the right to determine the course of his/her own medical care and shall be allowed to make decisions affecting that care including the refusal of treatment or services. The Refusal of Treatment or Services form (HSM-82) shall be completed by a healthcare worker or mental health professional/staff, and signed by the inmate whenever an inmate elects to refuse care. It is the responsibility of the health care worker or mental health professional/staff to document that the inmate is making an informed decision about the care he/she is refusing. It is recommended this discussion occur in a clinical setting.

The HSM-82 can be completed at the time services are offered, including before a specialty clinic appointment is scheduled. For example, if an inmate is seen in Hepatitis Chronic Clinic and the provider determines a liver biopsy is appropriate, the provider will educate the inmate about the need for the procedure at that time and can ask the inmate if he/she intends to go to an offsite location for the procedure. If the inmate indicates he/she does not want the procedure performed, a HSM-82 can be signed at that time. HSM-82 Refusal of Treatment Form must be scanned into the inmate's chart upon completion with signature.

Complete the HSM-82 by legibly filling in all the blanks. The first blank should include the inmate's complete first and last name; the second blank his; TDCJ number.

The second section of the form outlines the treatment or service the inmate is refusing. This area is completed providing as many specifics as possible. Examples may include: Gastrointestinal (GI) Specialty Clinic appointment, chronic care appointment, insulin, vital signs, total knee replacement surgery, or physical therapy.

In the third section the health care worker or mental health professional/staff documents the medical condition for which the treatment or service applies. For example, an inmate may wish to refuse his insulin injection. The reason he receives insulin is due to his diabetes, so the condition written in this section would be "insulin-dependent diabetes mellitus."

In the fourth section the health care worker or mental health professional/staff identifies potential outcomes for refusing the treatment or services offered. For example, an inmate refusing an esophagogastroduodenoscopy (EGD) would be informed that consequences of refusing the procedure may include anemia, uncontrolled bleeding and death. A health care worker or mental health professional/staff who cannot identify the potential outcome of the refusal of treatment or services should recognize this as a "red flag" and should be consulting with another healthcare worker first.

The inmate signs and dates the HSM-82. The health care worker or mental health professional/staff signs and dates the form at the bottom certifying that the inmate is alert and oriented and demonstrates comprehension of the explained condition, treatment and potential consequences of refusing treatment.

A witness signature is needed only if the inmate refuses or is unable to sign the HSM-82. In those instances, the witness who is present for duration of the conversation, is documenting that the inmate is alert and appears to understand the information provided by the health care worker or mental health professional/staff.

The HSM-82 is not to be used when an inmate is a "no-show" for an appointment or procedure. TDCJ has a separate form that is used by security officers for this purpose. This form documents when an inmate refuses to leave his cell to go to the clinic or get on a chain bus to go to a scheduled appointment. *These security forms are not part of the inmate's medical record and should not be scanned into the EMR.* When medical staff is notified of an inmate's signature on the security form, a note shall be entered in the electronic medical record (EMR). (Example: "Notified by R. Jones, COIII, that inmate signed security form refusing chain to Hospital Galveston.")

The updated HSM-82 can be found in the EMR "forms" section. If you have questions regarding the form please contact the Assistant Director, Health Services Information Management of CMC Medical Records (936-439-1346).