

Instructions for Completing the Refusal of Treatment Form

A capacitated offender 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 licensed healthcare worker (LHCW) or mental health professional/staff, and signed by the offender whenever an offender elects to refuse care. It is the responsibility of the LHCW or mental health professional/staff to document that the offender 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 offender is seen in Hepatitis Chronic Clinic and the provider determines a liver biopsy is appropriate, the provider will educate the offender about the need for the procedure at that time and can ask the offender if he/she intends to go to an offsite location for the procedure. If the offender 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 offender's chart upon completion with signature.

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

The second section of the form outlines the treatment or service the offender 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 Licensed Health Care Worker (LHCW) or mental health professional/staff documents the medical condition for which the treatment or service applies. For example, an offender 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 LHCW or mental health professional/staff identifies potential outcomes for refusing the treatment or services offered. For example, an offender refusing an esophagogastroduodenoscopy (EGD) would be informed that consequences of refusing the procedure may include anemia, uncontrolled bleeding and death. A LHCW 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 offender signs and dates the HSM-82. The LHCW or mental health professional/staff signs and dates the form at the bottom certifying that the offender 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 offender refuses or is unable to sign the HSM-82. In those instances, the witness is documenting that the offender is alert and appears to understand the information provided by the LHCW or mental health professional/staff.

The HSM-82 is not to be used when an offender 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 offender 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 offender's medical record and should not be scanned into the EMR.* When medical staff is notified of an offender's signature on the security form, a note shall be entered in the electronic medical record (EMR). (Example: "Notified by R. Jones, COIII, that offender 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).