

### Protocol/Work Sheet for Refusal of Treatment or Services

Name of Individual: _____ Name of Staff: _____
Treatment or Service being refused:

We assume that all individuals are competent to make their own decisions related to treatment or services, if the individual has reached the age of majority (18 years or older), has the capacity to give consent, and a guardian has not been appointed. If the refusal of service or treatment may have a negative impact on the individual's health or well being, the team must work with the individual to ask and answer the question, "why"? The intent is not to control or "strong arm" the person to comply with what the team feels is best, but to understand the reason for the refusal. Examples may include, but are not limited to, frequent refusal to take medication, follow a recommended diet, practice safe sex, or participate in training.

The following questions must be asked, answered, and documented:

1. Was I allowed to participate in the decision making process? What is my team doing or what have they done to proactively educate me on the benefits of the proposal?  
*If not, then a meeting with the individual and the relevant team members would be prudent. The individual needs to have an understanding as to why this is being suggested, i.e. what problem is being solved, why this is beneficial, and what could be the consequences for refusal.*

Date of meeting: _____
Summary of the discussion:

2. Can I suggest an alternative or have other alternatives been suggested to me? Can the treatment be modified in some way that is acceptable to me?  
*The individual may be willing to participate in the treatment or service with some slight modifications or have an alternate suggestion that may accomplish the same goal. For example, rather than going on a calorie restricted diet, the individual would rather go to the gym daily or walk 30 minutes every day.*

Alternatives suggested:
-------------------------

3. What, specifically, is my objection to the treatment or service?  
*It may be that the individual has an incorrect understanding of the treatment and its benefit or that there is a side effect of the treatment that is unpleasant or uncomfortable. The person may just be afraid. The team needs to get to the root of the issue, if possible, so this can be addressed.*

Objection to treatment:
-------------------------

4. Do I fully understand the consequences of my refusal?

*If not, the consequence of not participating in the recommended treatment or services must be explained in language that the individual can understand by the team member with the appropriate expertise.*

Understands the consequences: _____ Does not understand the consequences: _____  Comments: _____  _____
---

5. Does my refusal present a dangerous situation?

*The team needs to clearly articulate the dangerous situation and potentially bad outcome that would be present if the individual does not comply with the recommendations.*

Refusal presents a dangerous situation: _____ Refusal does not present a dangerous situation: _____  Clarify the risks involved and the dangerous situation:  _____  _____
--

In the event questions 1- 5 have been asked and answered, the individual continues to refuse the treatment or services, and the team feels this refusal places the individual and/ or the agency in a dangerous situation, then the question needs to be asked:

6. Do I know I may have to seek services elsewhere?

*If, in the professional opinion of the team, the refusal puts the individual or agency at such great risk, the individual must be informed that continued placement at NCC may be contingent with compliance to the treatment or service. Otherwise, s/he will be referred to another provider.*

Date person informed: _____  Summary of the discussion:  _____  _____
---

Signature of Individual: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of Staff: \_\_\_\_\_ Date: \_\_\_\_\_

Please attach a sign in sheet w/ date and signature of the team members present or have the Program Manager sign:  
\_\_\_\_\_ date: \_\_\_\_\_

