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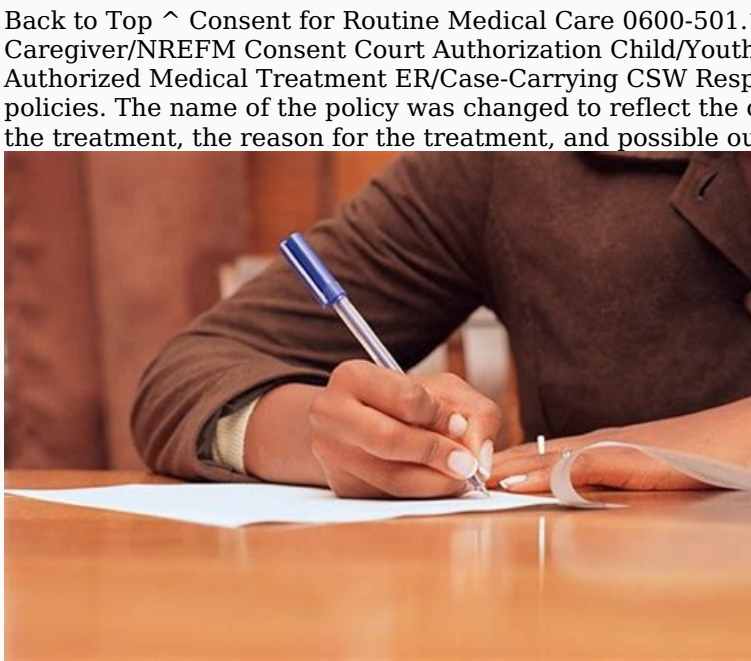
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Dcfs consent forms

Can foster parents sign medical consent forms. Legal consent form example. dunham classification of carbonate rocks Can dcfs take my child. Legal age to sign consent form.



the health care provider determines that the youth is not able to provide informed consent the youth's consent cannot be used. A child's attorney does not have legal authority to give consent for medical procedures. In most cases, a child's parent or legal guardian has legal authority to consent to medical and psychiatric treatment for a child, unless the child can consent for themselves. However, parents cannot provide consent if: Parental rights have been terminated The court has limited the parent's ability to consent The child is under legal guardianship A parent whose parental rights have not been terminated by the Juvenile Court cannot consent to medical treatment in the following situations: Abortion over the objection of the pregnant youth. Private Psychiatric Hospitalizations Psychiatric Medication (under certain circumstances). A legal guardian, appointed by the Juvenile Court or Probate Court cannot consent to the same medical and dental procedures as a parent in the following circumstances: If the letters of guardianship limit this right in any way Surgery, anesthesia or other invasive procedures are recommended If the youth is fourteen (14) or older, the legal guardian may consent to surgery. But, the youth must also consent unless the legal guardian determines in good faith, based on medical advice, that the case is an emergency in which the youth faces loss of life or serious bodily injury if the surgery is not performed. In cases where parents or legal guardians cannot, or will not give consent, DCFS can authorize medical treatment of a child with a court order. If the child is placed with a licensed foster parent, the licensed foster parent can consent to routine medical and dental care. The court can authorize medical treatment for a dependent child when: The medical procedure is recommended by the child's physician or dentist; and The parent objects or is not available to consent; and The procedure is not one to which the child or CSW has the statutory authority per WIC 369(a). Per California minor consent laws, any youth may consent to their own treatment without parental consent, or DCFS approval in the case of dependent youth, in the following circumstances: A child/youth, of any age, who has been a victim of a sexual assault, can consent to diagnosis, treatment, collection of medical evidence and care related to the sexual assault. The medical practitioner must attempt to contact the child's parent or legal guardian, unless it is believed that the parent or legal guardian is the perpetrator.

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A youth, of any age, can consent to termination of her pregnancy without a court order or parental consent or notice. A youth, of any age, may consent to medical, hospital, or surgical care related to prevention or treatment of pregnancy, except sterilization. Treatment includes contraception, pregnancy testing and prenatal care. If surgery is required, ACSW should be informed for coordination of care. The specifics need not be shared if it's related to abortion and treatment of STDs. A youth must sign an authorization to release information of records related to services that the minor consented to, or could have consented to. A youth is twelve (12) or older and came into contact with a Reportable Communicable Disease, can consent to medical, hospital, and surgical care related to the diagnosis or treatment of any infectious, contagious, communicable, or sexually transmitted disease. A youth is twelve (12) or older, who is alleged to have been raped, can consent to diagnosis, treatment, and medical evidence collection related to the alleged rape. A youth twelve (12) or older can consent to HIV testing. They are also permitted to disclose results, prohibit disclosure of the testing, and provide written authorization for disclosure. A youth is twelve (12) or older, seeking treatment of a drug or alcohol-related problem can consent to the medical care and counseling relating the diagnosis and treatment of the problem. A youth is twelve (12) or older, who is alleged to have been sexually abused, can consent to medical or dental care. A youth seventeen (17) or older can consent to donating their blood. Youth, eighteen (18) and older who are dependents of the court, including Nonminor Dependents can consent to their own medical care without court authorization, unless there is a court order that does not allow them to do so (e.g., conservatorship). If the youth refuses medical treatment and that places them in serious harm, or at risk of death, County Counsel must be contacted to discuss next steps, as a court order may be required. Parent's/Guardian's Rights to be Notified and Present for Medical Examinations Parents/guardians have a right to be given notice of medical exams and procedures their children are scheduled to undergo, as well as the right to be with their children while they are receiving medical exams and procedures, or to be in a waiting room or other nearby area if there is a valid reason for excluding them while all or a part of the medical procedure is being conducted. Therefore officials (CSWs, law enforcement, etc.) cannot exclude parents from the room where their child is receiving medical attention unless there is either parental consent, a valid reason for exclusion, or an emergency requiring immediate medical attention. A valid reason to exclude a parent from the room where their child is receiving medical attention may include circumstances where the parents have reasonable cause to believe that the child is being harmed or that the child is in significant way, or where the child is not in the room where the medical examination is taking place. If there is a valid reason to exclude family members from the examination room, a parent's right to be present in the examination room may be limited to being near the examination (e.g., in the waiting room or another nearby area) and the child must be notified in full instance when the examination, including informed consent, is not obtained. Efforts to notify the parents of the medical examination or procedure should be documented. If a CSW determines that he/she needs to exclude a parent/guardian from the medical examination, even if that medical examination was ordered by the court, the CSW should consult with his/her CSWG for guidance.



The SCSW will consult with the Warrant Liaison or County Counsel as needed. Any decision to exclude a parent/guardian from the examination must be documented by the CSW in the case contact notebook.

Back to Policy PROCEDURE CSW Responsibilities In Pre-Disposition cases, when the child is in temporary custody: Ensure the parent/guardian has signed the DCFS 179, 179-MH, and 179-PHI and that the original 179 has been given to the caregiver. The forms are also available on the Mobile Client Portal for electronic signatures. If unable to get the parent's signature on the DCFS 179, complete and sign the DCFS 4158, give the original to the caregiver, and place a copy in the child's case file. If unable to get the licensed caregiver's signature, complete the DCFS 4158 and give a copy to the caregiver to show that the child is placed with them. If the parent signed the DCFS 179, give a copy to the caregiver. Place a copy of the 179 and the originals of the 179-MH and 179-PHI in the case file. In Post-Disposition cases, when the child is suitably placed: If the parent refuses to sign the DCFS 179 or the parents cannot be located, after giving notice to the parents, request the court grant DCFS the ability to authorize medical, surgical, dental, or other remedial care for the dependent child by licensed practitioners. Once court authorization is obtained, provide the caregiver with the signed DCFS 4158.

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to Procedure Notifying Parents/Guardians of Medical Exams CSW Responsibilities

Kind the caregiver to notify the CSW as soon as medical appointments are made. Reasonable efforts must be made to notify parents/guardians of all medical exams via phone, text or email as soon as the CSW becomes aware of the date, time and place.

Document the notification in the contact notebook and court reports under the medical section. Court Authorized Medical Treatment ER/Care-Carrying CSW Responsibilities Completely fill out all fields on the DCFS 4225, Report of Children's Social Worker with Recommendation of Authorization for Medical Care. Attach the completed DCFS 4158-2 (including the CSW contact information section in the lower left corner) from the physician or dentist describing the treatment recommended for the child's problem. Use the DCFS 4225 to document the reason why the child's parents and/or legal guardian cannot consent to medical treatment. Complete the following items in the Authorization for Medical Care section of the DCFS 4225: Name and phone number of hospital, clinic, or physician Print your name, sign, and date the DCFS 4225. Transmit the completed DCFS 4225, 4158-2, Physician's Questionnaire, and any supporting documentation to the Court Liaison via the Walk On process (note: no EX-Parte Application and Order is required). Back to Procedure APPROVALS None HELPFUL LINKS Reportable Communicable Diseases Form DCFS 179, Parental Consent and Authorization for Medical Care DCFS 179-MH, Parental Consent for Child's Mental Health/Developmental Assessment and Participation in Mental Health/DCFS 179-PHI, Authorization for Disclosure of Information by Child Welfare Services to Third Parties DCFS 179-PS, Social Worker's Report of Abuse, Neglect, Injury, or Serious Danger to Child DCFS 14158, Authorization for General Medical Care for a Child Placed by an Order of the Juvenile Court DCFS 4158-A, Authorization for Emergency Medical Care for a Child Pursuant to WIC 369 DCFS 4158-B, Authorization for General Medical Care for a Child Placed by an Order of the Juvenile Court DCFS 4158-A, Authorization for Emergency Medical Care for a Child Pursuant to WIC 369 DCFS 4158-B, Authorization for General Medical Care for a Child Placed by an Order of the Juvenile Court DCFS 4225, Report of Children's Social Worker with Recommendation of Authorization for Medical Care DCFS 4225, Report of Children's Social Worker with Recommendation of Authorization for Medical Care (type-fillable template) DCFS 4334, Court Medical Consent-Medical Emergency Worksheet DCFS 5402, Notice to Child's Attorney Re: Child's Case Status. Referenced Policy Guides 0600-501.15, Consent for Emergency Medical Care 0070-548.20, Taking Children into 0600-501.09, Consent for Mental Health Treatment 0600-502.20, HIV/AIDS Testing and Disclosure of HIV/AIDS Information 0600-507.10, Youth Development Reproductive Health 0600-514.10, : Authorization, Review, and Monitoring for DCFS Supervised Child 0600-505.20, Hospitalization of and Discharge Planning for DCFS-Supervised Children Statutes California Supreme Court Decisions, American Academy of Pediatrics vs. Lungren 1997 – States that girls as young as twelve (12) can obtain abortions without their parent's knowledge or consent. Family Code (FC) Section 6550(a) – States that a relative caregiver who meets the criteria in the caregiver's authorization affidavit can consent to medical and dental treatment, with some exceptions.

FC Section 6922(a) – States that a minor can consent to their medical or dental care if they are fifteen (15) or older, living apart from their parents/legal guardian, and managing their own financial affairs. FC Section 6923(a) – States that a minor can consent to medical care related to the diagnosis or prevention of a pregnancy. This section does not apply to sterilization or to the sterilization of a minor. FC Section 6924(a) – States that a minor, twelve (12) or older can consent to medical care related to the diagnosis or treatment of a disease or condition is one that is required by law or regulation to be reported to the local health officer or is a not sexually transmitted disease, as determined by the State Director of Health Services.

FC Section 6927 – States that a minor, twelve (12) or older who is alleged to have been raped can consent to medical care related to the diagnosis or treatment of the condition and the collection of medical evidence with regard to the alleged sexual assault. FC Section 6929 – States that a minor, twelve (12) or older can consent to medical care and counseling relating to the diagnosis and treatment of a drug or alcohol related problem. Health and Safety Code Section 1530.6 – States that persons licensed to provide residential foster care to a child placed with them by order of juvenile court or voluntarily placed with them by persons, who have legal custody of the child, can give consent for ordinary medical and dental treatment for the child. Welfare and Institutions Code (WIC) Section 362(a) – States that when a child is adjudged a dependent child of the court, per Section 300, the court may make any and all reasonable orders for the care, supervision, custody, conduct, maintenance, and support of the child, including medical treatment. WIC Section 369(a) and 369(b) – States that whenever a person is taken into temporary custody and is in need of medical, surgical, dental, or other remedial care, the social worker may authorize this care upon the recommendation of the physician, surgeon, or dentist. The social worker must notify the parent/legal guardian/person standing in loco parentis of the care needed before the care is provided to the child. If they object, the care can only be given at the discretion of a court order.

WIC Section 369(c) – States that when a dependent child of the juvenile court is placed by order of the court within the care and custody under the supervision of a social worker in the county in which the child resides, and it appears that there is no parent/legal guardian/person capable or willing to authorize treatment for the child, the court can, after providing notice to the parent/legal guardian/person standing in loco parentis, order that the social worker can authorize medical, surgical, dental, or other remedial care, as needed.

WIC Section 369(d) – States in part that when a child requires immediate emergency medical, surgical, dental, or other remedial care, in an emergency situation, the care can be provided by a licensed physician, surgeon, or dentist, without a court order, and upon authorization of the social worker. cuando pienses viviras para Back to Top " Consent for Mental Health and/or Developmental Assessments and Services 0600-501.09 | Revision Date: 05/12/15 Overview This policy guide provides information on obtaining consent for mental health and/or developmental (Regional Center) assessments and services, including steps to take when consent is declined or unavailable, and steps to take when a child/youth refuses services. TABLE OF CONTENTS Policy Consent for Mental Health and/or Developmental Assessment and Services Youth Twelve (12) Through Seventeen (17) Providing Consent Nonminor Dependent (NMD) Consent Withdrawal of Consent Protected Health Information (PHI) Procedure Consent for Newly Admitted Minors Consent for New Outpatient Behavioral Indicator, or Potential Developmental Delay ISW/Case-Carrying CSW Responsibility Consent for Child/Youth in Existing Cases with Positive MHST, Observation of a Behavioral Indicator, or Potential Developmental Delay ISW/Case-Carrying CSW/DI (Pre-Dispo) Responsabilities ISW/Case-Carrying CSW Responsibilities Parent/Legal Guardian Withdraws Consent on a Court Supervised Case-Carrying CSW/DI (Pre-Dispo) Responsibilities Case-Carrying CSW Responsibilities Child/Youth Refuses to Participate in Mental Health and/or Developmental Services Case-Carrying CSW Responsibilities Approvals Helpful Links Attachments Forms Referenced Policy Guides Statutes Version Summary This policy guide was updated from the 07/01/14 version, to add "Qualified Relatives" who may consent; change the age requirement for consent from 12 to 15 for emancipated minors and; added CSW authorization to inform 12+ youth of their legal rights re: consent to treatment. Added information regarding nonminor dependent (NMD) consent, use of DMH hotline for emergencies and Health & Education Passport requirements and notifications. POLICY Children/youth receiving ongoing child welfare services from DCFS (voluntary or court) who have a positive Mental Health Screening Tool (MHST), or Observation of a Behavioral Indicator, must be referred to appropriate mental health services, per the Katie A. settlement. Multidisciplinary Assessment Teams (MAT) and Coordinated Services Action Teams (CSAT) are available to CSWs in all Regional Offices to ensure that these services can be accessed. Consent is required for all children/youth that have a positive MHST result, or children/youth, who, through the MAT assessment or medical examination, are referred to a Regional Center. CSWs are responsible for obtaining consent from a parent/legal guardian via their signature on the DCFS 179-MH, Parental Consent for Child's Assessment and Participation in Mental Health and/or Regional Center. In some cases, if the parent/legal guardian is unable or unwilling to provide consent, the court may authorize the CSW to proceed with the assessment and services. CHILDREN AND YOUTH WITH POSITIVE MHST, OBSERVATION OF A BEHAVIORAL INDICATOR, OR POTENTIAL DEVELOPMENTAL DELAY ISW/Case-Carrying CSW/DI (Pre-Dispo) Responsabilities ISW/Case-Carrying CSW Responsibilities The parent/legal guardian is legally responsible for making decisions on the child's behalf regarding early intervention, developmental and educational assessments and services. If the parent/legal guardian is unable or unwilling to fulfill this responsibility, the court may limit the parent's educational and/or developmental services decision-making rights and appoint a Holder of Education Rights (HER) and/or Developmental Services Decision-Maker (DSDM). If the child has a HER and/or DSDM, this person provides consent for early intervention, developmental and/or educational assessments and services. Parent(s)/legal guardian(s) do not have the legal authority to consent to mental health and/or

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