

3.3.5.6 Patient's Right to Refuse Treatment

(a) Policy

The California Department of Corrections and Rehabilitation (CDCR), its agents and the Division of Health Care Services, shall adhere to the requirements set forth in the California Code of Regulations, Title 15, Division 3, Chapter 2, Subchapter 2, Article 2, Section 3999.210, "Refusal of Treatment."

(b) Purpose

To set forth procedures to ensure and document that a patient's right to refuse dental treatment is respected.

(c) Procedure

- (1) Refusal of dental care or refusal to provide informed consent for treatment must be documented by completing CDCR 7225-D, Dental Refusal of Examination and/or Treatment.
 - (A) The CDCR 7225-D shall include a description of the examination and/or treatment being refused as well as the risks, benefits and alternatives of the intervention and the consequences of refusing treatment. In addition, the dentist signing the CDCR 7225-D shall inform, or have dental staff inform the patient of the need to submit a CDCR 7362, Health Care Services Request Form, in order to receive treatment for any condition(s) previously refused. The dentist shall document this on the CDCR 7225-D.
 - (B) In the event a patient refuses dental services without an evaluation by a dentist to determine the nature of the problem and establish a possible course of treatment, a notation to this effect shall be made on the description section of the form.
- (2) A dentist shall review and countersign all refusals of dental services prior to the CDCR 7225-D being scanned into the patient's Electronic Dental Record System (EDRS). In addition, a dentist shall inform or ensure that a dentist has informed a patient who refuses treatment of the risks, benefits, and alternatives of the intervention and the consequences of refusing treatment.
- (3) A complete and thorough documentation of the patient's refusal is to be documented in a clinical note in the EDRS, in accordance with EDRS Workflow 1-2 and associated Back Office Job Aid, and as outlined in the Health Care Department Operations Manual [HCDOM], Section 3.3.6.1(c)(1)(F) through (H), including:
 - (A) A description of the dental service(s) being refused.
 - (B) The risks and benefits of the proposed service(s).
 - (C) Health consequences of refusing the dental service(s).
 - (D) Alternative treatment options, if any.
- (4) A patient may accept or decline treatment of any diagnosed condition(s) including, but not limited to, any or all portions of a recommended dental treatment plan.
 - (A) A patient's intentional failure or refusal to report to the dental clinic shall be considered a refusal of all treatment.
 - (B) When a patient reports to the dental clinic for an appointment and indicates that they are too sick to receive dental care, this shall be considered a refusal of all treatment.
 - (C) When a patient refuses treatment, the condition(s) being refused shall no longer be governed by the mandated treatment timeframes outlined in the HCDOM, Section 3.3.5.3, Appendix 1, Dental Priority Classification.
 - (D) A patient shall be required to submit a CDCR 7362 in order to receive treatment for any condition(s) previously refused.
 - (E) The date of diagnosis used to determine the timeframe within which treatment must be initiated shall be the date on which a CDCR dentist examines the patient and determines the degree of urgency of the condition(s) for which treatment was previously refused.
 - (F) If a patient refuses a particular procedure and has other treatment planned procedures, the dentist shall ask the patient if they wish to receive treatment for the next most urgent treatment planned procedure(s) during that day's appointment. The dentist shall continue asking the patient until the patient has refused all treatment or agrees to receive treatment during that day's appointment. If the patient agrees to receive treatment for other diagnosed conditions, dental staff shall:
 1. Follow the process outlined in the HCDOM, Sections 3.3.5.2(c)(2)(B) and 3.3.5.2(c)(3)(A).
 2. Document the encounter in the EDRS as having been completed when the patient consents to and receives treatment during the same encounter.

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3. Not provide treatment to which a patient agrees if doing so is not in their best interest (e.g., fabricate a dental prosthetic appliance when the patient refuses to have all prerequisite treatment completed; the patient has an abscessed tooth and refuses extraction but wants less urgent treatment done).
- (G) If a dentist decides that a patient is too sick to undergo a dental procedure, or if the dentist is concerned that the patient's presence in the clinic area poses a health risk to others, these circumstances do not constitute a refusal. The dentist should refer the patient to a nurse or physician to expedite proper medical care in accordance with EDRS Workflow 1-7.1 and associated Back Office Job Aid, as well as EDRS Workflow 3-4. If the patient's primary care team deems it necessary, the consultation with the nurse or attending physician should occur prior to reappointment for dental care.
- (5) A patient's decision to refuse treatment is reversible at any time and shall not prejudice future treatments.
 - (6) For each instance of a patient's refusal of treatment, CDCR dentists shall place an order in the Electronic Health Record System for a 128-C Dental Refusal.

Revision History

Effective: 04/2006

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