

South Carolina Department of Social Services  
**DESIGNATION OF MEDICAL CONSENTER**

**Section I**

**Instructions: Please print or type all information.**

The South Carolina Department of Social Services (SCDSS) hereby authorizes the following person(s); \_\_\_\_\_, \_\_\_\_\_ as secondary medical consenter(s) to consent to the following routine medical care on behalf of the minor child/youth placed with above caregiver: medical, dental, mental health and allied health care services (e.g. physical therapy, occupational therapy, speech therapy, dietetic services, etc.), health care at any hospital or other institution, or the employing of any physician, nurse, or other person whose services may be needed for routine medical care such as preventive medical care, ongoing medical treatment, dental care, mental health treatment, etc. as outlined in Section II. Such care and treatment is to be rendered by or under the supervision of a licensed practitioner, hospital, or other health care facility. The designated secondary medical consenter must present the signed placement agreement (foster parent agreement, pre-adoptive/adoptive placement agreement or emergency shelter/group home placement agreement) to any medical provider along with this authorization at the time the services are provided.

The designated secondary medical consenter may NOT consent to and must consult the case manager immediately as to any extraordinary medical procedures such as withholding or withdrawal of life sustaining procedures, organ donation, abortion, electroconvulsive therapy, aversion therapy, or any experimental treatment or clinical trial. The designated secondary medical consenter does NOT have the authority to consent to major medical care that may include any surgical procedure that require general anesthesia, any treatment the child/youth's physician considers dangerous, or any other treatment that may be threatening to the child/youth's life or long-term health, or the admission of a child/youth to a facility for inpatient mental health or substance use treatment.

Administration of new psychotropic medications further requires SCDSS Psychotropic Medication Informed Consent Form 2056 which needs to be completed and shared with the child/youth's case manager.

The consenter is also authorized to have access to the health care history and records of the minor child/youth to the extent reasonably necessary to enable the consenter to give informed consent for the child/youth's care and treatment. The medical provider shall not release child/youth's previous caregivers, biological/adoptive parent, or legal guardian's identifying information.

As the SCDSS representative who is authorized as a secondary medical consenter, the above named person(s) acknowledges the following:

- received training on Health Care Oversight for Children in Care and Psychotropic Medications.
- will comply with the Designated Secondary Medical Consenter Responsibilities (Section II).
- will provide information about the child/youth's medical care to SCDSS case manager as outlined in the Designated Secondary Medical Consenter Responsibilities (Section II). This includes after visit summaries, treatment plans, immunization records and follow-up treatment needs.
- will coordinate with case managers as to any upcoming health care appointments, ensuring that they receive advance notice, to make sure an individual with the right to consent is available at the appointment.

This consent shall be effective until \_\_\_\_\_, 20\_\_\_\_, or is valid for one year from the date of Health Care Oversight for Children in Care and Psychotropic Medications training, whichever is shorter.

\_\_\_\_\_  
SCDSS Licensing Representative/Title/Date

\_\_\_\_\_  
Telephone Number/Office

**\*\*Please note:** SCDSS case manager/supervisor are primary medical consenters and are to be contacted in event of any concerns as to the designated secondary medical consenters. The Provider may rely upon the authority of the Authorized Person named above in the absence of actual knowledge that the authorization has been revoked or is otherwise invalid.

## Section II

### Designated Secondary Medical Consenter Responsibilities

In order to reduce barriers to timely care for children in care and avoid delays in receiving necessary treatment, SCDSS may designate secondary medical consenters who can also provide consent for routine medical care. The responsibility of the designated secondary medical conserter is to provide informed medical consent when the child/youth's case manager is not available to consent. Informed medical consent means the conserter gets information about proposed medical care and alternative treatment options including the risks and benefits, as well as what could happen without treatment. This helps the conserter make the best decision about the child/youth's health care.

When SCDSS has the authority to make routine medical decisions on behalf of the child/youth upon entry into care as ordered by the court, the Child Welfare Services case manager and/or supervisor is the usual and primary conserter for routine medical care. In addition, the agency may designate secondary medical consenters that are usually the child/youth's live in caregivers such as foster parents, relatives, professional employees of emergency shelters, and only permitted group care providers, i.e. nurses, clinical care coordinators. Employees of Psychiatric Residential Treatment Facilities are NOT to be chosen as designated medical consenters.

Training Requirement: The DSS Licensing Representative must make sure the secondary medical consenters complete the mandatory Health Care Oversight and Psychotropic Medication Training prepared by SCDSS before being designated as medical consenters. These trainings are required initially in order to be designated as a secondary medical conserter, and then annually, thereafter. Documentation of completed training with certificate of completion must be submitted to DSS Licensing Representative by the secondary medical conserter initially, and on an annual basis, or the medical consent is no longer valid. DSS Licensing Representative designates medical conserter by issuing DSS Form 2055, SCDSS Designation of Medical Conserter to the secondary medical conserter. SCDSS may at any time change the designated secondary medical conserter by issuing another Designation of Medical Conserter form to new secondary medical consenters and caregivers.

Designated secondary medical conserter is required to:

1. Provide copies of the Designation of Medical Conserter form to each child/youth's doctor and other health care providers, as applicable.
2. Inform case manager and/or supervisor within 24 hours if the secondary medical conserter elects not to consent to the treatment being prescribed by the medical provider.
3. Notify case manager and/or supervisor within two hours after any emergency care is needed including, but not limited to, significant medical conditions such as injuries or illnesses that are life threatening or have potentially serious long-term health consequences, including hospitalization for surgery.
4. Provide information about the child/youth's medical care to case manager including preventive care, medical care, and routine medical care such as common childhood illnesses and minor injuries, and any medications on a monthly basis, at a minimum.
5. Complete SCDSS Psychotropic Medication Informed Consent Form 2056 with medical provider before administration of psychotropic medications to the child/youth and share the completed form with the child/youth's case manager.

The designated secondary medical conserter only consents to routine medical care and cannot consent to major medical treatment. The designated secondary medical conserter may consent to:

- Early and Periodic Screening, Diagnostic and Treatment (EPSDT) and Well-child exams,
- Laboratory testing and X-ray examination as determined by the physician,
- Dental exam and procedures including cleaning, filling, and braces,
- Age appropriate screening, testing, and immunization,
- Vision and hearing tests,
- Developmental assessment and trauma screening,
- Allied health care services such as physical, speech, occupational therapy, and dietetic services, and
- Mental health assessment and treatment such as therapy, psychological assessments, and psychotropic medication treatment.