

Guidance on managing patients involved with the Connecticut Department of Children and Families

Do parents have any rights when their child is in DCF custody?

In most cases, parents of Department of Children and Family (DCF)-involved children still retain their parental rights. As such, the parents continue to have the right to access the child's records, be aware of their child's medical care and consent to such care.

Do parents ever not have this ability?

A parent only loses this ability when the court has officially terminated parental rights and in certain specific protective services commitments. In such cases, the court order naming DCF as the statutory parent or adoption paperwork should be sought and filed in the child's medical record. When the parents' rights have been terminated by the courts, the parents no longer have any authority to make decisions on behalf of the child or to be informed of the child's care. The parents' contact information should be removed from the child's chart.

If the parents still have rights, can DCF or foster parents bring the child in for doctor's visits and consent to treatment?

DCF or foster parents can bring the child for appointments. However, where the child is under a voluntary placement with DCF, parental consent is required for non-emergency treatment. (In an emergency, care should not be delayed to obtain parental consent.) While it may be DCF's position that it can consent to routine care (for example, check-ups, assessments of risks and screenings) for a child in the absence of parental consent, every effort should be made to secure informed consent of the parent prior to rendering such care. Given court activity in this area relating to DCF consenting to vaccinations over parent objection and failed legislative activity that would have given DCF authority to consent to non-emergency care, any decision to provide non-emergency care to a child whose parent maintains his/her parental rights and does not consent to such care should be carefully reviewed prior to the rendering of such care. . Note that DCF may present form DCF-460a signed by a parent and evidencing his/her consent to routine medical care for the child. In such case, the routine care may be provided. Similarly, DCF may present form DCF-460. This form can be signed by DCF or a parent for emergency care, or by a parent for necessary (non-emergent) care. In an emergency, care should be provided notwithstanding the existence of a signed consent form or the lack thereof. In the context of necessary medical care (care that is not emergent but would adversely affect the child's health if not provided within a reasonable time), such care can be provided upon receipt of form DCF-460 signed by the parent.

What documentation do we need to know if we can talk to DCF?

DCF should be able to provide written documentation on DCF letterhead of their involvement in the child's care. Once received, this documentation should be scanned into Epic and the DCF caregiver listed as a contact in the child's demographic screens in Epic using the relationship of

foster parent or DCF as appropriate. The contact can be presumed to still be valid until such time as the parent provides documentation that DCF is no longer involved in the child's case.

What is the process when we contact DCF only to learn they haven't been involved for quite some time?

When DCF is no longer involved and we have not been provided any information to suggest that parental rights have been terminated, Epic records should be updated to remove DCF as a contact for the child. The parent's information would be the appropriate contact for the child going forward.

If a letter is sent to the DCF worker with details about the patient or an appointment reminder in error, after DCF is no longer involved with the patient, what is the process that should be followed once we are notified?

If we send a letter based on information that had not been updated by DCF or the patient to indicate DCF is no longer involved in this child's care, we need to update Epic to remove DCF as a contact for the child. A new letter should be generated and sent to the parent's last known address.

What information can be provided to a DCF worker who is calling for clinical information or calling to see if the parent is compliant with bringing a child to scheduled appointments?

DCF should be able to provide written documentation on DCF letterhead of their involvement in the child's care. The information need not be provided immediately over the phone and the caller can be informed that once we receive an official request in writing we will respond. With a written request, information can be provided consistent with DCF's involvement in the child's care. For example, parent compliance with clinical visits should be limited to visits occurring after DCF involvement and clinical information should be limited to that information that is reasonable for DCF to ensure proper care for the patient. The documentation should be scanned into Epic as a release of information request.

Can copies of the patient's medical records be provided to the DCF worker if they request them? Which documents are needed for authorization?

Other than records relevant to caring for the patient during the time that DCF is involved in care, DCF does not necessarily have authority to request the patient's records. DCF may be given copies of records as follows:

- With an authorization signed by the child's parent or guardian.
- Where DCF has been named the guardian for the child and the appropriate court order is provided to document the status.
- Where parental rights have been terminated by the court and the appropriate court order has been provided to document the status.

Note that the rules regarding consent and access to medical records that are applicable to adolescents remain applicable to adolescents in DCF custody.