



Nevada Department Of Corrections

Document Control Sheet

Document Number:	216
Document Title:	Mandatory Inmate Testing and Treatment

Document Revision History

Revision Details	Review Date
<p>Dates: Updated Effective Date.</p> <p>Sections 216.01: #5 – NEW – Added “All inmates entering the Nevada Department of Corrections (NDOC), or inmates current incarcerated, who have no NDOC confirmed Hepatitis C testing, will be tested for Hepatitis C and treated following Medical Directive 219”.</p>	11/15/19
<p>Dates: Updated Effective Date.</p> <p>References: Updated NCCHC references from 2014 to 2018.</p> <p>Signature Line: Replaced previous signature with Dr. Minev’s signature.</p>	11/14/18
<p>Dates: Updated Effective Date.</p> <p>Sections 216.01: #1 – Replaced “NRS1A.195” with “NRS 441A.195”.</p>	11/15/17

MEDICAL DIRECTIVE

NUMBER: 216

TITLE: MANDATORY INMATE TESTING AND TREATMENT

PURPOSE:

To provide guidelines for the required medical/laboratory testing and treatment of inmates.

AUTHORITY:

AR 621

RESPONSIBILITY:

All Medical Division staff has the responsibility to have knowledge of and comply with this procedure.

DEFINITIONS:

TB	Tuberculosis
CONS	Chief of Nursing Services
DONS	Director of Nursing Services
DCS	Disease Control Specialist III
DOT	Directly Observed Therapy
ICN	Institutional Infection Control Nurse
CDC	Centers for Disease Control

CHEMOPROPHYLAXIS THERAPY – Administration of medication for the purpose of preventing disease or infection.

DNA TEST – Deoxyribonucleic acid test identifies genetic code

HIV TEST – Human immunodeficiency virus screening

TST – Tuber skin test

PRACTITIONER – Physician, Physician Assistant, or Advanced Practice Registered Nurse

RPR – Rapid Plasma Reagin Test is a screening for syphilis.

PROCEDURES:

216.01 MANDATORY TESTING AND TREATMENT

1. Requirements mandated by the Legislature, Nevada Division of Public and Behavioral Health, CDC and medically necessary requirements to protect individual inmates, general population, and Departmental staff, are as follows:
 - TST or CDC approved TB testing of all inmates on intake and annually;
 - Chemoprophylaxis treatment program for TB on all inmate patients testing with a positive TST;
 - HIV testing on all inmates, on intake and exit;
 - RPR on all inmates, on intake;
 - DNA identification of inmates, where ordered by the court or as required by law;
 - Mandatory random drug testing of inmates -- as required by state law or administrative regulation,
 - Involuntary treatment as described in NDOC AR 638;
 - Mandatory testing on exposures to body fluids/unknown substances, NRS 441A.195.
2. All inmates entering the Department will have a TST or CDC approved TB test
 - The TB testing will be repeated annually during the period of incarceration.
 - Inmates refusing this testing will not be housed in general population; they will be segregated and isolated from general population until it is evident they are disease free and not a threat to inmates and staff.
 - Inmates testing positive to TB testing will be provided chemoprophylaxis treatment program as indicated.
 - Inmates refusing chemoprophylaxis will be isolated in a reverse airflow cell until they are medically cleared and it is determined they are not risk to others.
 - Inmates will complete chemoprophylaxis treatment unless it is discontinued by the attending practitioner and approved by the Medical Director.
3. All inmates, during intake and immediately prior to exit, will be tested for the human immunodeficiency virus (HIV).
4. All inmates entering the Department will be tested for syphilis and treated if necessary following CDC guidelines.

5. All inmates entering the Nevada Department of Corrections (NDOC), or inmates currently incarcerated, who have no NDOC confirmed Hepatitis C testing, will be tested for Hepatitis C and treated following Medical Directive 219.
6. DNA testing will be performed by Medical staff upon custody request, as ordered by the court, or as required by law.
7. Random drug testing of the inmate population will be performed by Medical staff upon custody request.
8. Incidents involving possible exchange of body fluids, i.e., needle sticks, sexual contacts, tattooing, or other means by which blood or body fluids may be transmitted, will receive laboratory testing per the CDC protocol for Blood Borne Pathogen Exposure.
 - If these incidents fall under NRS 209.246, the inmate(s) will incur all appropriate expenses for the testing.
9. According to NDOC Administrative Regulation 638, inmates refusing mandatory testing or treatment that could jeopardize the health and well-being of other inmates or staff members will be medically quarantined until such treatment is completed.

216.02 TUBERCULOSIS

1. A program of surveillance, reporting, treatment and education will be in place to educate, protect and medically manage inmates of the Department for the prevention and control of tuberculosis.
2. Testing is mandatory and cannot be refused or negotiated due to State law and public health issues.
3. Surveillance:
 - Yearly, the CONS will approve a time period in which annual TB testing and tuberculosis surveillance will be carried out in coordination with custody.
 - Each DONS will work with their respective Warden or Associate Warden to plan and accomplish the TB testing at their institution.
 - All inmates without a documented history of a positive tuberculin skin test or documentation of treatment will be screened for TB using the “two-step tuberculin skin test screening” method.
 - A documented TST from a jail may be used as the first test in the two-step series (if the TST is <12 months old).
 - Inmates with documented evidence of a two-step testing will not be tested again until annual testing.
 - Inmates without a documented proof of a TST from jails or detention centers will receive 2 TST a week apart in order to obtain a two-step testing response.

- Symptoms screening should be done as soon as possible for all new inmates.
 - Any inmate who has symptoms suggestive of active TB should be placed in an airborne isolation room TB isolation room and evaluated promptly for Tuberculosis.
 - Inmates arriving from jails that have been initiated on INH and B6 for exposures to active TB will continue and finish prescribed therapy uninterrupted.
- Inmates who are TST negative:
 - Schedule for annual skin testing
 - A positive TST is defined as an induration of 10mm or greater.
 - HIV positive inmates and those who have a history of contact with active TB are considered positive with 5mm or greater induration.
- Inmates who are TST positive will receive:
 - Chest radiograph within three days of TST or as soon as possible.
 - Inmates with a positive TB test will not be transferred until a negative chest X-ray report is obtained.
 - A Signs and Symptoms TB Risk Assessment form will be completed as soon as possible.
 - *Additional chest radiographs and Signs and Symptoms TB Risk Assessment forms will be completed during annual testing or whenever symptoms of pulmonary disease are present. Inmates with positive Chest X-rays are to be placed in respiratory isolation until active disease is ruled out or controlled.*
- Chemoprophylaxis (drug therapy) regardless of age.
 - All inmates testing positive with a TST will receive chemoprophylaxis following current CDC recommendations with respect to recommended medications, medication dosing regimen, administration guidelines, and appropriate laboratory pre-treatment testing and treatment monitoring.
 - Inmates refusing chemoprophylaxis will be counseled and educated on the risks and outcome of forgoing treatment. CDC defines incarcerated individuals as “high priority candidates” for Latent Tuberculosis Infection (LTBI) treatment. Inmates in a correctional setting are at a higher risk for development of opportunistic infections due to health history and life style.
 - In accordance with CDC protocol, this therapy must be Directly Observed Therapy (DOT).

- DOT will be accomplished by having inmate patients come to infirmary pill call or by taking the medications to the lock down units.
- Any adverse reaction to the therapy must be properly documented in the medical record and reported to the Disease Control Specialist.

4. Reporting:

- Documentation of the TST will be entered on DOC 2650 TB & IZ History Record.
- The form should be forwarded to the ICN for review after testing is completed.
- The ICN will file all completed screening forms in the Data Base section of the medical record.
- A Summary Record of Tuberculosis Screening and Treatment of Inmates Memorandum will be sent to the Disease Control Specialist III upon completion of institutional testing.
- Upon completion of annual screening, inmate results will be entered into NOTIS by the Office of the Disease Control Specialist III.
- All suspect cases of Tuberculosis must be reported to the Nevada Division of Public and Behavioral Health and/or to the public health agency of the county of residence where the inmate is paroled or discharged to within 24 hours per NAC 441A.350 and 441A.370.

5. Treatment:

- All infirmaries that house inmates with active or suspected tuberculosis or other respiratory illnesses must have signs on the cell doors stating "Respiratory Isolation, Particulate Filter Mask Required."
- When indicated, chemoprophylaxis (drug therapy) will be prescribed regardless of age. In accordance with CDC protocol, this therapy must be Directly Observed Therapy (DOT).

6. Education:

All inmates will be provided tuberculosis education during the application and reading of the test.

REFERENCES:

National Commission on Correctional Health Care Standards, 2018, P-B-02
P-E-02, P-E-04

Control of Communicable Diseases Manual 20th Edition

Prevention and Control of Tuberculosis in Correctional and Detention Facilities: MMWR 2006
(No. RR-09, 1-44)

NAC 441A.350 and NAC 441A.370

Michael Minev, M.D.

Michael Minev, M.D., Medical Director

11/15/19

Date

CONFIDENTIAL

Yes

 X
No

THIS PROCEDURE SUPERSEDES ALL PRIOR WRITTEN PROCEDURES ON THIS SPECIFIC SUBJECT.



Nevada Department Of Corrections

Document Control Sheet

Document Number:	219
Document Title:	Hepatitis C, Treatment of

Document Revision History

Revision Details	Review Date
<p>Dates: Updated Effective Date.</p> <p>Purpose: Removed "an approach to".</p> <p>Section 219.01 (NEW): Added new section on testing at Intake.</p> <p>Section 219.02: 1st bullet – Removed constitutional signs and symptoms content. 4th bullet – Added content regarding back up documentation. Last bullet – Removed in its entirety – constitutional signs and symptoms content.</p> <p>Section 219.03: 2nd bullet – Added constitutional signs and symptoms content.</p> <p>Section 219.04 (NEW): Added new section on treatment priority criteria.</p> <p>Section 219.05 (NEW): New section on possible contraindications using some of the "Exclusion criteria for treatment" content from previous version.</p> <p>References: Updated from January 2018 to August 2018.</p>	11/15/19
<p>Dates: Updated Effective Date.</p> <p>Section 219.01: 3rd bullet – Replaced "These individuals can" with "Candidates may" and removed "of which" before the word being. 4th bullet – Replaced "Referral should be made to the committee" with "Committee referrals are made". 6th bullet – Replaced "Medical staff to initiate Hepatitis C Treatment Protocol. Order per DOC 2518 Physician Orders – Hep C" with "Medical staff will initiate Hepatitis C Treatment orders per DOC 2518 Physician Orders – Hep C". 7th bullet – Replaced "Inmate patient to be set up with Provider" with "Inmate</p>	09/11/19

patient will be scheduled with a provider”.

8th bullet – Replaced “Review of prior 6 month incarcerated disciplinary history for “risky behaviors” with “A review will be conducted of the inmate patient’s prior six month disciplinary history for evidence of high risk behaviors”. Also replaced “assaultive propelling activity” with “assaultive activity (including propelling)”.

9th bullet – Replaced “Education that noncompliance of treatment or evidence of said “risky behaviors” will result in the inmate patient being responsible for all costs (past and future) of their Hepatitis C treatment” with “The inmate patient will be informed that noncompliance with treatment or engaging in high risk behaviors will result in the inmate patient being responsible for all past and future cost of Hepatitis C treatment.

10th bullet – Replaced “Any reinfection of Hepatitis C that becomes eligible for treatment will be the full financial responsibility of the inmate patient” with “If reinfected, the inmate patient will be fully responsible for the cost of any treatment”.

11th bullet – NEW – Added “If an inmate patient’s APRI score is less than 0.7, but constitutional signs and symptoms (i.e. bleeding or bruising easily, ascites and/or jaundice) are present, the inmate patient may be evaluated further”.

Section 219.02:

#1 – 1st bullet – Replaced “APRI score ≥ 2.0 “ with “APRI score of 2.0 or greater”.

– 2nd bullet – Replaced “APRI score of > 0.69 and < 2.0 AND FibroSure is F3 or F4. (FibroSure is not to be drawn if APRI score is < 0.70 or if APRI scores is > 2.0)” with “APRI score is between 0.7 and 1.9 AND FibroSure is F3 or F4. (FibroSure is not to be drawn if the APRI score is 0.69 or less or if the APRI score is 2.0 or greater)”.

– 9th bullet – Replaced “Should have sufficient time remaining on their sentence in NDOC” with “Sufficient time remaining on the sentence in NDOC”. Also Replaced “minimum of 8 months” with “minimum of one year”. Also ADDED “The facility infectious disease nurse must verify each inmate patient’s release and/or parole date with OMD prior to filling medication orders from the infectious disease providers. There must be a minimum of six months of actual time left to be served from the first dose of medication”.

#2 – 3rd bullet – Replaced “Should have sufficient time remaining on their sentence in NDOC” with “Less than one year remaining on the sentence”.

– 4th bullet – Replaced “Should have no contraindications” with “Contraindications”.

– 5th bullet – Replaced “a psychiatric evaluation” with “an evaluation”.

– 8th bullet – Replaced “for six (6) month with “within six months”.

– 10th bullet – Replaced “ < 18 months” with “of less than 18 months”.

– 13th bullet – Replaced “If the inmate patient is enrolled in a substance abuse program and fails to complete it” with “Failure to complete a substance abuse program (if enrolled)”.

– 14th bullet – Replaced “which may include sexual behavior, drug or alcohol abuse, body piercing, tattoos” with “will exclude an inmate from treatment for one year”.

– 15th bullet – NEW – Added “If an inmate engages in high risk behavior during treatment, treatment will be stopped for one year”.

<p>– Last bullet – NEW – Added <i>“Boards from other jurisdictions will not be considered for treatment unless the sending jurisdiction agrees to accept financial responsibility for treatment. These inmates must meet the treatment criteria of the sending jurisdiction”</i>.</p>	
<p>Dates: Updated Effective Date.</p> <p>Section 219.02: #1 – last bullet – NEW bullet – <i>“Should have sufficient time remaining on their sentence in NDOC to complete a course of treatment, to include pre-treatment diagnostic testing and consultation, medication treatment, and post-treatment diagnostic testing and follow-up”</i>.</p> <p>#1 – NEW sub-bullet – Added <i>“Must have a minimum of 8 months remaining to serve in an institution”</i>.</p>	<p>06/12/19</p>

MEDICAL DIRECTIVE

NUMBER: 219
TITLE: HEPATITIS C, TREATMENT OF

PURPOSE:

These guidelines represent the treatment of Hepatitis C in the Nevada Department of Corrections.

AUTHORITY:

AR 621, NRS 209.381, NAC 441A, NAC 441A.570

RESPONSIBILITY:

Medical Division staff has the responsibility to have knowledge of and comply with this procedure.

DEFINITIONS:

HEPATITIS C - A blood borne pathogen transmitted primarily by way of percutaneous exposure to blood.

PRACTITIONER - Physician, Physician Assistant, or Advanced Practice Registered Nurse

PROCEDURES:

219.01 TESTING FOR HEPATITIS C AT INTAKE

- 1 All inmates will be tested for Hepatitis C during the Intake process, unless they refuse or choose to Opt Out of the Hepatitis testing. Inmates who refuse Hepatitis testing must sign a DOC 2523 at the point of refusal.
- 2 The following are CDC identified risk factors for a possible Hepatitis C infection:
 - Ever injected illegal drugs or shared equipment (including intranasal use of illicit drugs)
 - Received tattoos or body piercings while in jail or prison, or from any unregulated source
 - HIV or chronic Hepatitis B virus (HBV) infection
 - Received a blood transfusion or an organ transplant before 1992, received clotting factor transfusion prior to 1987, or received blood from a donor who later tested positive for HCV infection

- History of percutaneous exposure to blood
- Ever received hemodialysis
- Born to a mother who had HCV infection at the time of delivery
- Born between 1945 and 1965

219.02 EVALUATION FOR HEP C TREATMENT

Institutional procedure:

- Inmate patients who have tested positive for Hepatitis C are candidates for treatment.
- All candidates must be enrolled in the Infectious Disease Chronic Clinic for Hepatitis C using DOC 2689 Chronic Disease Clinic Enrollment Form and the enrollment entered into NOTIS.
- Candidates may be referred to a committee made up of at least three (3) senior members of the Medical department, one being the Medical Director, for evaluation and consideration for possible treatment.
- Committee referrals are made by submitting a DOC 2698 Hepatitis C Patient Data Form with all back up documentation.
- This committee will convene periodically to review and discuss all inmate patients who have been referred for possible treatment.
- Medical staff will initiate Hepatitis C Treatment protocol orders per DOC. 2518 Physician Orders – Hep C.
- Inmate patient will be scheduled with a provider to review and sign DOC 2730 Hepatitis C Treatment Consent-Agreement.
- A review will be conducted of the inmate patient's prior six month disciplinary history for evidence of high risk behaviors (fresh tattoos, positive urine or serum drug screen, possession of controlled substances or alcohol, assaultive behavior (including propelling) and any sexual activity).
- The inmate patient will be informed that noncompliance with treatment or engaging in high risk behaviors will result in the inmate patient being responsible for all past and future costs of Hepatitis C treatment.
- If re-infected, the inmate patient will be fully responsible for the cost of any treatment.

219.03 TREATMENT OF HEPATITIS C

The following clinical indications involving chronic Hepatitis C viral (HCV) infection should be prioritized for treatment:

- APRI score of 2.0 or greater
- APRI score is between 0.7 and 1.9 AND FibroSure is F3 or F4. (FibroSure is not to be drawn if the APRI score is 0.69 or less or if the APRI score is 2.0 or greater). If an inmate patient's APRI score is less than 0.7, but constitutional signs and symptoms (i.e. bleeding or bruising easily, ascites and/or jaundice) are present, the inmate patient may be evaluated further.
- Confirmed advanced hepatic fibrosis/cirrhosis.
- Liver transplant recipients.
- Hepatocellular carcinoma (HCC)
- Comorbid medical conditions associated with HCV, e.g., HIV, Hepatitis B, cryoglobulinemia with renal disease or vasculitis and certain types of lymphomas or hematologic malignancies or porphyria cutanea tarda.
- Immunosuppressant medication for a comorbid condition
- Continuity of care for newly incarcerated inmates who were being treated at the time of incarceration.
- Sufficient time remaining on the sentence in NDOC to complete a course of treatment, to include pre-treatment diagnostic testing and consultation, medication treatment, and post-treatment diagnostic testing and follow-up.
 - Must have a minimum of one year remaining to serve.
 - The facility infection control nurse must verify each inmate patient's release and/or parole date with OMD prior to filling medication orders from the infectious disease providers. There must be six months of actual time left to be served from the first dose of medication.

219.04 PRIORITY CRITERIA FOR HEPATITIS C TREATMENT

Treating patients during incarceration saves lives and reduces the transmission of HCV among people with high-risk behaviors. Although all patients with chronic HCV may benefit from treatment, certain patients are at high risk for disease progression and qualify for more urgent administration of treatment. The following criteria has been established to ensure those with the highest need and greatest likelihood of achieving a sustained viral response (cure) are identified and treated.

Priority Level	Criteria
Priority Level 1 High Priority for treatment	<ul style="list-style-type: none"> Advanced hepatic fibrosis: APRI ≥ 2.0, Metavir or Batts/Ludwig stage 3 or 4 on liver biopsy, cirrhosis Liver transplant recipients Hepatocellular carcinoma (HCC) Comorbid conditions associated with HCV: Cryoglobulinemia with renal disease or vasculitis lymphoma or hematologic malignancies, Porphyria cutanea tarda Immunosuppressant medication Continuity of care: when started on treatment prior to incarceration
Priority Level 2 Immediate Priority for treatment	<ul style="list-style-type: none"> Evidence for progressive fibrosis: APRI score ≥ 0.70, stage 2 fibrosis on liver biopsy Comorbid Medical conditions: Coinfection with HBV or HIV, comorbid liver diseases (autoimmune hepatitis, hemochromatosis, steatohepatitis) Diabetes mellitus Chronic kidney disease (CKD); GFR ≤ 59 mL/min
Priority Level 3 Low Priority for treatment	<ul style="list-style-type: none"> Stage 0 to stage 1 fibrosis on liver biopsy APRI < 1 All other cases of HCV infection meeting the eligibility criteria for treatment as noted below under Other Criteria for Treatment

***EXCEPTIONS** to the above criteria for PRIORITY LEVEL 1-3 will be made on an individual basis and will be determined primarily by a compelling or urgent need for treatment, such as evidence for rapid progression of fibrosis, or deteriorating health status from other comorbidities.

219.05 POSSIBLE CONTRAINDICATIONS FOR TREATMENT:

Below are issues that could possibly lead to a contraindication for Direct Acting Antiviral treatment of Hepatitis C. Therefore, should any of these conditions be present, additional medical evaluations will be necessary before making a final determination as to the appropriateness of Hepatitis C treatment.

- Insufficient time remaining on the sentence to complete all required diagnostic testing, treatment and follow up care.
- Contraindications to any component of the treatment regimens.
- Documented non-adherence to prior therapy, failure to complete the pretreatment evaluation process, or an unwillingness to commit or consent to HCV treatment.
- Severe decompensated liver disease.

- Any other end stage disease process that would cause a contraindication to the Direct-Acting Antiviral treatment therapy.
- Pregnancy or intention to conceive within six months post therapy.
- High risk of reinfection.
- Life expectancy of less than 18 months.
- Uncontrolled seizures.
- Failure to complete a substance abuse program (if enrolled).
- Failure to maintain compliance with signed Hepatitis C Treatment Consent/Agreement (DOC 2730)
- Boarders from other jurisdictions will not be considered for treatment unless the sending jurisdiction agrees to accept financial responsibility for treatment. These inmates must meet the treatment criteria of the sending jurisdiction.

REFERENCES:

Federal Bureau of Prisons Clinical Practice Guidelines, "Evaluation and Management of Chronic Hepatitis C Virus (HCV) Infection", August 2018.

Michael Minev, M.D.

Michael Minev, M.D., Medical Director

11/15/19

Date

CONFIDENTIAL

 Yes

 X
 No

THIS PROCEDURE SUPERSEDES ALL PRIOR WRITTEN PROCEDURES ON THIS SPECIFIC SUBJECT.

Treatment of Hepatitis C is reserved for eligible patients who understand the commitment to therapy, will tolerate and comply with the course of treatment, and agree to avoid all activities that may worsen their liver disease or infect themselves or others with the Hepatitis C virus or other bloodborne pathogens. Every patient who is considered for treatment must complete this consent/agreement before initiation of therapy.

(Please initial each statement and sign below to indicate your understanding of all parts of this document) _____ I

understand that the therapy may be of no benefit to me and that it may not get rid of my Hepatitis C infection.

_____ I have been informed that side effects of treatment of Hepatitis C may include fatigue, body aches, and other serious side effects that may continue through my treatment with the medication.

_____ I understand that I may be tested for HIV before beginning treatment as the presence of the HIV virus could seriously affect my Hepatitis C infection and its treatment.

_____ I understand that the treatment with medication may continue for up to 12 months and that frequent blood testing will be needed to check for side effects or other problems.

_____ I understand that treatment for Hepatitis C may cause mental health side effects, especially depression.

_____ I understand that I must not become pregnant or attempt to impregnate my partner during my Hepatitis C antiviral treatment or for 6 months after stopping treatment. I understand that I must use two forms of birth control during heterosexual activity while taking medication and for 6 months after medication ends.

_____ I understand that my failure to comply with the medication, blood testing, or regular appointments may result in my provider stopping the therapy.

_____ I understand that alcohol injures the liver and that drinking alcohol is forbidden.

_____ I understand that I must abstain from any activity that may transmit the Hepatitis C virus or other bloodborne pathogens. This includes tattooing, sexual activity in prison, IV drug use, and intranasal drug use. This activity may result in loss of eligibility for treatment or stopping treatment in progress*, or billed for cost of treatment.

_____ If I become re-infected, I may be billed for the cost of any previous and future cost of treatment.

_____ I understand that I am responsible for past and future Hep C treatment if I participate in any activity that transmits the Hepatitis C virus and I am reinfected with the Hepatitis C virus.

_____ I understand that I may be required to undergo random blood or urine testing for illegal substances and that any positive test may result in stopping, or loss of eligibility for, treatment*.

_____ I understand that completion of this agreement does not guarantee that I will be approved for Hepatitis C treatment.

_____ My initials above and my signature below signify my understanding of, and agreement to comply with, the requirements. I understand that failure to comply may result in loss of eligibility for treatment or discontinuation of treatment in progress.*

*(*Loss of eligibility or treatment stopped for a minimum of 1 year. Reconsideration for treatment not guaranteed but may occur on a case by case basis if activity is stopped).*

Inmate/patient Name: _____

Inmate/patient Signature: _____ Date: ____ / ____ / ____

Clinician Name: Clinician _____

Signature: _____ Date: ____ / ____ / ____

NEVADA DEPARTMENT OF CORRECTIONS

NAME: _____

HEPATITIS C TREATMENT CONSENT/AGREEMENT

Last First

ID: _____