INFORMED CONSENT A-18
Attachment B

EVALUATION OF CAPACITY TO PROVIDE INFORMED CONSENT

Name: ***Date:***

I understand that my IP team has recommended the following interventions to be utilized as part of the treatment plan for myself/son/daughter/ward.

1. Proposed treatment, program, procedure, action, or service (note if experimental):

2. Expected benefits of the proposed treatment, program, procedure, action, or service:

3. Possible risk, discomfort or side effect associated with the proposed treatment, program, procedure, action, or service:

4. Alternative treatment, program, procedure, action, or service which are available and have not been tried:

5. Alternative treatments, programs, procedures, actions, or services which have been tried and found unsuccessful:

6. The possible risk of not receiving the proposed treatment, program, procedure, action, or service:

7. For further information, contact:

   Name:
   Title:
   Phone #:
   Regular Work Hrs:

Name: ***Date:***

8. Manner in which disclosure of information presented:

Written: ☐ Verbal: ☐ Other: ☐

I understand it is my choice to consent or not to consent to this treatment, program, procedure, action, or service. I may withdraw my consent at any time by notifying the designated team member in writing.

If refusal to consent or withdrawal of consent results in decreased service, I am entitled to utilize the Board's due process procedure.

I will not lose any regular benefits if I do not give consent.

No legal or human rights are being waived by giving this consent.

I understand that for Behavior Support Strategies that include a Restrictive Measure, the dates of consent will be based on the approval dates from the Human Rights Committee and approval shall not exceed one year in length.

For medication administration, I give my consent to this proposed treatment from: to

Minors:

_____

As the legal parent/guardian of a minor Date

_____

Signature of Parent/Guardian of a minor Date

Adults:

_____

Signature of Guardian/Concurrent Consenter Date

_____

Witness Date

_____

Witness Date