

INFORMED CONSENT A-18
Attachment A

EVALUATION OF CAPACITY TO PROVIDE INFORMED CONSENT

Individual:

Date:

Method by which information was presented to the individual:

Name of team members who presented this information:

1. Proposed treatment, program, procedure, action, or service, including medications, if applicable, and the proposed benefit to individual.

Method by which individual demonstrated understanding of this information; or demonstrates lack of understanding of this information:

2. Possible side effects or risks associated with the proposed treatment, program, procedure, action, or service

Method by which individual demonstrated understanding of this information; or demonstrates lack of understanding of this information:

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

Method by which individual demonstrated understanding of this information; or demonstrate lack of understanding of this information

4. Alternative treatments, programs, procedures, actions, or services that **have been tried** and have not been successful.

Method by which individual demonstrated understanding of this information; or demonstrate lack of understanding of this information

5. Alternative treatments, programs, procedures, actions, or services that **have not been tried** but are available.

Method by which individual demonstrated understanding of this information; or demonstrate lack of understanding of this information

6. Understanding of the voluntary nature of consent, refusal to consent or modification/withdrawal of consent.

Method by which individual demonstrated understanding of this information; or demonstrate lack of understanding of this information:

Individual:

Date:

- 7. Understanding that if a refusal to or withdrawal of consent results in a loss or decrease in service, then the individual is entitled to utilize the Board’s due process procedure and/or is entitled to a Right to a State Hearing for Medicaid funded services.

Method by which individual demonstrated understanding of this information; or demonstrate lack of understanding of this information:

- 8. Understanding that no legal or human rights are being waived by way of individual’s consent.

Method by which individual demonstrated understanding of this information; or demonstrate lack of understanding of this information:

Who to contact with additional questions:

Name:

Title:

Phone #:

Regular Work Hrs:

We, the undersigned, believe that based on the above information, the individual

has has not (circle one)

demonstrated an understanding of the treatment, program, procedure, action or service for which the consent is being sought.

A concurrent consent **is is not** recommended. **(circle one)**

Designated Team Members:
