

***INFORMED CONSENT A-18***  
***Attachment B***

**INFORMED CONSENT FORM**

***Individual:***

***Date:***

I understand that my 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:

8. Manner in which disclosure of information presented:

Written:

Verbal:

Other:

**INFORMED CONSENT**

**Attachment- B**

***Individual:***

***Date:***

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 and/or I have the Right to a State Hearing for Medicaid funded services.

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 my Individual Plan span year and subject to prior approval by the Human Rights Committee. 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 Individual/Guardian Date

\_\_\_\_\_  
Signature of Concurrent Consenter, if applicable Date

\_\_\_\_\_  
Witness (required if signed by individual with no Concurrent Consenter) Date