Informed consent is being obtained for the following (include what right is being abridged):

**Justification** (medical diagnosis, if applicable, assessment and reason for use):

**Benefits of use** (positive outcomes):

**Risk of use** (potential harm):

**Risk of not using** (potential harm):

**Alternatives used / considered** (What has IDT discussed or tried prior to this request?):

**Instructions for use** (how to use, scheduled application / removal, documentation, etc.):

**Reduction plan** (include items such as the replacement behavior(s) and/or the teaching plan):

### Representative’s Signature

<table>
<thead>
<tr>
<th>I DO consent</th>
<th>SIGNATURE</th>
<th>RELATIONSHIP TO INDIVIDUAL</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>I DO NOT consent</td>
<td></td>
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### Human Rights Committee (HRC) Meeting Date:

<table>
<thead>
<tr>
<th>HRC CHAIR</th>
<th>HRC REPRESENTATIVE</th>
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**HRC COMMENTS**

- **Approved**
- **Conditionally Approved**
- **Not Approved**

### Verbal Consent (only valid for 30 days)

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<thead>
<tr>
<th>HRC EMERGENCY CONSENT BY:</th>
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<tr>
<td>REPRESENTATIVE CONTACTED</td>
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This consent is valid for one year from the date of the written consent unless otherwise stated. You have the right to withdraw your consent at any time by notifying an interdisciplinary team member.