

Name of RHC Informed Consent

NAME	RESIDENCE	DSHS NUMBER
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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			
<input type="checkbox"/> I <u>DO</u> consent	SIGNATURE	RELATIONSHIP TO INDIVIDUAL	DATE
<input type="checkbox"/> I <u>DO NOT</u> consent			
Human Rights Committee (HRC) Meeting Date:			
HRC CHAIR		HRC REPRESENTATIVE	
HRC REPRESENTATIVE		HRC REPRESENTATIVE	
HRC REPRESENTATIVE		HRC REPRESENTATIVE	
HRC REPRESENTATIVE		HRC REPRESENTATIVE	

HRC COMMENTS

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

Verbal Consent (only valid for 30 days)	HRC EMERGENCY CONSENT BY:	DATE	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
REPRESENTATIVE CONTACTED		DATE	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
SIGNATURE	TITLE	DATE	
SIGNATURE	TITLE	DATE	

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.