



Certification of Person's Incompetence to Consent to Treatment and Notification of Health Care Surrogate/Proxy

I have personally examined _____, a person at _____
Printed Name of Person Name of Facility

I have determined that the above-named person is incompetent to consent to treatment because his or her judgment is so affected by a mental illness that he/she lacks the capacity to make a well-reasoned, willful, and knowing decision concerning his or her medical or mental health treatment.

A Petition for Adjudication of Incompetence to Consent to Treatment and Appointment of a Guardian Advocate will be filed with the court within the time period required by law. Until the guardian advocate is appointed by the court, a health care surrogate or proxy will will not be asked to make treatment decisions for the above-named person.

If a health care surrogate or proxy is to be used, complete the following:

The person has executed an advance directive naming a surrogate to make health care decisions on his or her behalf upon the person's incapacity. (Specify: _____)

The person has not executed an advance directive or designated a surrogate or the surrogate named above is now unable or unwilling to serve, but the following individual, in the following order of priority, (Specify: _____) will be asked to serve as a health care proxy:

- Judicially appointed guardian authorized to consent to medical treatment;
- Person's spouse;
- Adult child of the person;
- Parent of the person;
- Adult relative of the person who has exhibited special care and concern for the person; or
- Close friend of the person who has exhibited special care and concern for the person, who has presented an affidavit to the facility that he or she is willing to assume the proxy role and has maintained such regular contact with the person so as to be familiar with the person's activities, health, and religious or moral beliefs.
- Licensed clinical social worker selected by the provider's bioethics committee or through an arrangement with the bioethics committee of another provider and not employed by the provider. Documentation of efforts to locate proxies from prior classes must be recorded in the person's record.

Signature of Physician

License Number

Typed or Printed Name of Physician

Date of Exam

Time of Exam am pm

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Notification to Health Care Surrogate or Proxy (Page 2)

You, _____, have been designated as the Health Care Surrogate or Proxy for _____, a person being served in _____ facility. Until the court considers the facility's Petition for Adjudication of Incompetence to Consent to Treatment and Appointment of a Guardian Advocate for the above-named person, you have been named as the person authorized to make treatment decisions for the person. Prior to making any treatment decisions for the person, you will:

1. Be provided the same information required by statute to be provided to a guardian advocate; and
2. Meet and talk with the person and person's physician in person if at all possible, by telephone if not.

As a health care surrogate or proxy, you have the authority to provide informed consent only for health care decisions for the person which you believe the person would have made under the circumstances if he or she were capable of making such decisions. You may access appropriate clinical records, apply for public benefits, and authorize the release of information and clinical records to appropriate persons to ensure the continuity of the person's health care, and may authorize the transfer of the person to or from a health care facility. You do not have the authority to consent to abortion, sterilization, electroshock therapy, psychosurgery, experimental treatments, and can not have the person admitted to a psychiatric facility on a voluntary basis or provide consent to treatment for a person on voluntary status.

Printed Name of the Administrator or Designee

Signature of Administrator or Designee

Date

This form shall be provided to the health care surrogate or proxy, with a copy provided to the person and representative. A copy shall be retained in the person's clinical record.

Affidavit of Health Care Proxy

I, _____, am willing to serve as a health care proxy for
_____. I certify that I am one of the following:

- Judicially appointed guardian authorized to consent to medical treatment (Appointed by the _____ Court on the following date _____. A copy of the court order and letters of guardianship have been provided to the facility).
- Person's spouse;
- Adult child of the person;
- Parent of the person;
- Adult relative of the person who has exhibited special care and concern for the person (Specify the degree of relationship _____)
- Close friend of the person who has exhibited special care and concern for the person, who has presented an affidavit to the facility that he or she is willing to assume the proxy role and has maintained such regular contact with the person so as to be familiar with the person's activities, health, and religious or moral beliefs.
- Licensed clinical social worker selected by the provider's bioethics committee or through an arrangement with the bioethics committee of another provider and not employed by the provider. Documentation of efforts to locate proxies from prior classes must be recorded in the person's record.

To my knowledge, the person has not executed an advance directive designating another person as his or her health care surrogate, or if one was previously designated, the surrogate named by the person is not able or willing at this time to serve as the health care surrogate. If a previously designated health care surrogate is unable or unwilling to serve, please describe the circumstances: _____

Signature of Health Care Proxy

Date

Printed Name of Health Care Proxy

Signature of Witness: