

Identification of Authorized Person

Name: _____

DOB: _____

I. Identification of Authorized Persons

The purpose of the form is to record priority list authorized persons pursuant to the Adult Health Care Consent Act (S.C. Code Ann. § 44-66-10). For each priority category listed below, enter the names(s) of each person identified by the priority category and, as appropriate, the person's relationship to the person who is potentially unable to provide consent for health care. If the priority category does not identify anyone, enter "not applicable" or "n/a." All efforts to locate those identified by the priority category must be documented in the person's record.

| Priority Category | Name(s)/Relationship |
|---|----------------------|
| 1. Guardian appointed by the court, pursuant to Article 5, Part 3 of the South Carolina Probate Code, if health care decisions are within the scope of guardianship.* | |
| 2. An attorney-in-fact appointed by the person in a durable Power of Attorney executed pursuant to S.C. Code Ann. § 62-5-501 (Supp. 2017), if the decision is within the scope of his authority.* | |
| 3. The spouse of the person, unless the spouse and the person are separated pursuant to one of the following: a) Entry of a pendente lite order in a divorce or separate maintenance action; b) Formal signing of a written property or marital settlement agreement; or c) Entry of a permanent order of separate maintenance and support or of a permanent order approving a property or marital settlement agreement between the parties. | |
| 4. Adult child or children of the person. | |
| 5. Parent(s) of the person. | |
| 6. Adult sibling(s) of the person. | |
| 7. Grandparent (s) of the person. | |
| 8. Adult relative(s) by blood or marriage who reasonably is believed by the health care professional to have a close personal relationship with the person. | |
| 9. Authorized Designee of DDSN if the person is served under the DDSN eligibility categories of ID/RD including Autism. Not applicable to those served under the DDSN eligibility category of HASCI/SD. | |
| 10. A person who has an established relationship with the person, who is acting in good faith on behalf of the person, and who can reliably convey the person's wishes, but who is not a paid caregiver or a provider of health care services to the person. The person with an established relationship shall sign and date a notarized acknowledgement form, provided by the hospital or other health care facility in which the patient is located. | |

**The person's record must contain legal documents supporting the authority of the person named in the priority category*

Name of Person Completing This Form

Date of Completion