

Health Care Consent Instructions

Thoroughly read DDSN [Directive 535-15-DD: Obtaining Health Care Consent for Minors and Adults \(the Directive\)](#)

If someone who, by virtue of their age and competency status, would be able to consent for their health care is suspected to be unable to give valid consent for the health care proposed, the person shall be referred to two (2) physicians who will determine the person's ability to do so. **NOTE:** Exceptions to this requirement are explained in the "Exceptions" section of the directive.

When referred, each licensed physician should be provided an **Adult Health Care Consent Certification** Form (535-15-DD Attachment 3) with the person's name and date of birth (DOB) entered. Additionally, Section I must be completed on each form. **NOTE:** Examination and certification by two (2) physicians is required; therefore, two (2) **Adult Health Care Consent Certification** Forms shall be completed.

Section II of the **Adult Health Care Consent Certification** Form is completed by the physician. The physician's determination of the person's ability to consent should be documented in Section II.A.

If the two (2) physicians agree that the person "is able" to consent, no further action is needed. The person will make his/her own health care decision.

If the physician determines the person "is temporarily not able" or "is not able," then questions B, C, and D in Section II must be answered by the physician. The form must be signed and dated by the physician.

If the two (2) physicians agree that the person "is temporarily not able," then the health care professional responsible for the care of the person must determine if the delay occasioned by postponing the proposed treatment will result in significant detriment to the person.

If the two (2) physicians agree that the person "is not able" to consent, then the health care provider proposing the health care must identify and select an authorized person to consent or refuse the proposed health care. The **Health Care Consent Identification and Selection of an Authorized Person** Form (Identification and Selection, 535-15-DD Attachment 2) should be used for this purpose.

If the two (2) physicians disagree, the person is considered able to give valid consent.

Section I of the "**Identification and Selection**" Form (535-15-DD Attachment 2) requires that the name(s) and, as appropriate, relationship(s) of those identified by the "Priority Category" be entered. When no one is identified, "not applicable" or "n/a" should be entered. The person's record must reflect all efforts to locate anyone identified by a priority category on the "**Identification and Selection**" Form (535-15-DD Attachment 2).

Once all authorized persons have been identified, then the authorized person who will make the health care decision must be selected/contacted by the health care provider proposing the health care.

The Priority Categories are listed in priority order with “1. Guardian appointed by the court...” having the highest priority and “9. Adult relative...having lowest priority.”

The authorized person(s) who may consent to or refuse the proposed health care is/are the one(s) who, among all listed, is:

- Identified in the highest priority category;
- Reasonably available;
- Willing to make the health care decision; and
- Him/herself able to consent.

If more than one authorized person is identified in the highest priority category, the health care decision will be made by the majority of those identified.

The name(s) of the selected authorized person(s) must be entered into Section II of the “**Identification and Selection**” Form (535-15-DD Attachment 2) along with the priority category in which he/she was identified and his/her address and phone number.

If an authorized person identified by a higher priority category than the selected authorized person’s category was not selected (i.e., if #5 is selected before #4), his/her priority category, name and the reason he/she was not selected (e.g., not reasonably available, not willing, unable to consent) must be noted.

The health care provider making the selection must enter his/her name and title, then sign and date the completed form.