

**Health Care Consent
Identification and Selection of Authorized Person**

Name: _____

DOB: _____

I. Identification of Authorized Persons

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 unable to consent to the proposed 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. Person given priority to make health care decisions for the patient by another statutory provision.	
4. 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.	
5. Adult child or children of the person.	
6. Parent(s) of the person.	
7. Adult sibling(s) of the person.	
8. Grandparent (s) of the person.	
9. 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.	

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

II. Selection of the Authorized Person

When an adult is certified by two (2) physicians to be unable to consent to health care, an authorized person must be selected from the statutory list of priorities established by S.C. Code Ann. § 44-66-10, et. seq. (2018) and DDSN Directive 535-15-DD: Obtaining Consent for Minors and Adults. The Priority Categories in Section I of this document are listed in priority order, 1- 9. When the person has been certified by two (2) physicians to be unable to consent to the proposed health care, the person, among all who are listed, who is identified in the highest priority category and who is reasonably available, willing to make the health care decision for the person and is him/herself able to consent, will be considered the authorized person who can make the decision regarding the proposed health care.

The selected **Authorized Person(s)**:

Name(s): _____

Relationship (priority category) to the person: _____

Address: _____

Phone Number: _____

If someone from any higher priority category was not selected as the authorized person, enter the person's name, the priority category, and the reason he/she was not selected (*e.g., not reasonably available, not willing, unable to consent*).

Priority Category	Name	Reason Not Selected

Printed Name of Health Care Provider

Title of the Health Care Provider

Signature of the Health Care Provider

Date of Completion