

**Behavioral Support Services
Supporting Documents
Informed Consent**

Individual's Name	
Effective Dates of Behavioral Support Services	
Informed Consent Giver's Name/Relationship	

Informed consent is defined as the ability to identify target behaviors, risks and benefits, acceptable alternatives, consequences and the right to refuse the plan.

This form must be completed by one of the following: (Circle the applicable number)

1. Parent or guardian of a minor (under 18 year of age);
2. The individual, if he/she is his or her own guardian and the team determines he/she can give informed consent;
3. Guardian of the individual regardless of the individual ability to give informed consent

Informed Consent giver, please initial statements:

_____ **Record the informed consent giver's response.**
Initials

1. The target behavior(s) is/are:

2. The risks and benefits of the plan(s) is/are:

3. Acceptable alternative(s) to this action, treatment or service is/are:

4. Consequences of implementing the plan:

_____ **I agree to the Plan**
Initials

OR

_____ **I do not agree with the Plan for the following reason(s):**
Initials

Signature (informed consent giver)	Date