St. Clair County Community Mental Health Authority

Special Consent
Behavior Treatment Intervention

RECIPIENT INFORMATION	
NAME	
CASE #	
CASE HOLDER / CLINICIAN	
PRESCRIBER	
DIAGNOSIS	
MEDICATIONS	

BEHAVIOR TREATMENT INTERVENTION SUMMARY TO INFORM THE RECIPIENT/GUARDIAN	
PROPOSED BEHAVIOR TREATMENT INTERVENTION i.e. Restrictive/Intrusive Technique	
RATIONALE FOR BEHAVIOR TREATMENT INTERVENTION Briefly discuss how the recommended technique is based on: 1.) The findings from the Functional Behavior Assessment 2.) A rule-out of relevant physical, Medical, or environmental causes 3.) A rule-out of potential risks that may accompany use of the recommended technique 4.) The prior and current use of Positive Behavior Supports 5.) A recommended Monitoring Plan	
EXPECTED BENEFITS FOR THE RECIPIENT	

Clinical Form: #03-0025C
Reviewed Date: 1/1/2023
Policy Ref: #02-003-0025, #03-002-0025
EHR: Legal/Consents, Consent for Treatment, Consent for Behavioral Treatment

BEHAVIOR TREATMENT INTERVENTION REVIEW SCHEDULE	

MEDICAL PROFESSIONAL's ATTESTATION STATEMENT:
Any potential risks of the behavior treatment intervention have been assessed. The expected benefits outweigh the potential risks associated with the behavior treatment intervention.

As such, I attest that:

- The identified behavior has been determined as not likely caused by a physical condition, which can be corrected medically.
- The proposed behavior treatment intervention has been determined as not medically contraindicated.

_____ _____
Psychiatrist/Psychologist Signature/Credentials Date

RECIPIENT's/GUARDIAN's SPECIAL CONSENT TO BEHAVIOR TREATMENT INTERVENTION:

I understand the behavior treatment intervention (intrusive/restrictive technique) will be followed by my/my ward's treatment team. The expected benefits and potential risks of the behavior treatment intervention have been explained to my satisfaction, and I have received a copy of the behavior treatment intervention.

As such, I agree to permit the use of the behavior treatment intervention.

_____ _____
Recipient's Signature Date

_____ _____
Guardian's Signature Date

_____ _____
Case Holder Signature Date

_____ _____
Supervisor Signature Date