

Alternate ConsentFor **Section I** and/or **Section II** **Consent has been received, but unable to obtain signature because:****OR** **Telephone** **Fax** **Other** _____

Name:

Legal Status to Patient: Parent
 Other (Specify)Date
(YYYY/MM/DD)

Time

Witness Signature

Witness Printed Name

* One Witness (health professional) should confirm consent for patients unable to sign and for telephone consent.

Obtaining Consent of a Non-English Speaking PatientFor **Section I** and/or **Section II**

I acknowledge that I have interpreted the contents of this Consent Form to the patient and I believe that the patient understands the contents.

Signature of Interpreter

Date
(YYYY/MM/DD)

Time

Procedure for Emergencies When Patient Unable to Give Consent**For Section II only**

I/We hereby certify that this is a true emergency, that the patient is unable to give consent, and there is no indication the patient has withheld consent for this procedure.

Signature of Physician # 1

Date
(YYYY/MM/DD)

Time

Signature of Physician # 2

Date
(YYYY/MM/DD)

Time

* Two physician signatures when considered appropriate.

Procedure for Needed Treatment Under Section 20.1, Dependent Adults Act**For Section II only**

We hereby certify that this patient is in need of treatment and we have been unable to contact a legal guardian; a personal directive does not designate an agent to give the consent and a personal directive does not contain any clear and relevant instructions.

Signature of Physician # 1

Date
(YYYY/MM/DD)

Time

Signature of Physician # 2

Date
(YYYY/MM/DD)

Time

* Two physician signatures required when unable to obtain consent or instruction from a personal directive.

* Responsible Physician should itemize steps taken to obtain consent in a progress note or on this sheet.

Notes:
