



# INFORMED CONSENT

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES

STATE HOSPITAL

SFN 62154 (04-2022)

When care, treatment, and services require informed consent, all aspects will be discussed with you and/or your legal representative to establish a mutual understanding between you and the hospital. This allows those involved to fully participate in decisions about your care, treatment, or services recommended.

### By signing, you agree that the following was discussed:

- Nature of the proposed care
- Likelihood of achieving treatment goals
- Risks/Benefits/Side Effects, including potential problems to recovery
- Alternatives considered and risks/benefits of them
- Limitations on confidentiality of Protected Health Information (PHI), if indicated

### LIST EACH PROCEDURE OR MEDICATION REQUIRING CONSENT

Name of Procedure or Medication		Individual or Legal Representative	
		<input type="checkbox"/> Accepts <input type="checkbox"/> Refuses, explain* <input type="checkbox"/> Emergency, explain*	
*If Refused or an Emergency, Explain Why			
Reviewed			
Individual/Representative Signature	Date	Time	<input type="checkbox"/> am <input type="checkbox"/> pm
Staff Signature	Date	Time	<input type="checkbox"/> am <input type="checkbox"/> pm

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