 Request for LHRC Review of Consent and Authorization

**Section 1. Identifier Information – For Provider Completion Only**

Individual’s Identifier: Provider:

Date of Request: Click here to enter a date.

**Section 2. Reason for LHRC Review – For Provider Completion Only**

***Please review the section below to select the appropriate option(s) for an LHRC review. Indicate that all required supporting documents have been attached by checking the applicable boxes.***

|  |
| --- |
| 1. [ ] An individual has an objection regarding the appointment of a specific person as an Authorized Representative, other than a legal guardian (12VAC35-115-200.A.1). ***If this box is checked, LHRC will complete Section 3(A), Objection of AR Appointment.***

 * Provider should attach the following documents (if applicable):

 [ ]  Copy of Provider’s Capacity Evaluation (if capacity evaluation is part of a comprehensive assessment, only the portion which evidences the capacity evaluation is required) [ ]  Evidence of AR Designation [ ]  Evidence of emergent circumstances and/or AR decision consistent with individual preferences  [ ]  Provider Notes: 1. [ ]  An individual or the individual’s family member has obtained an independent capacity evaluation and the opinion of the evaluator conflicts with that of the provider (12VAC35-115-200.A.2). ***If this box is checked, LHRC will complete Section 3(B), Review of Independent Evaluation v/ Provider’s Evaluation*.**
* Provider should attach the following documents:

 [ ]  Copy of Independent Capacity Evaluation [ ]  Copy of Provider’s Capacity Evaluation [ ]  Provider Notes: 1. **☐** An individual believes that a decision made by the director affects the individual and requires the individuals’ personal consent or authorization or that of the individual’s Authorized Representative (12VAC35-115-200.A.3). ***If this box is checked, LHRC will complete Section 3(C), Individual Disagrees with Director’s Decision.***
* Provider should attach the following documents:

 [ ]  Summary from provider of the director’s decision to which the individual is objecting. [ ]  Written summary from individual detailing reason for objection to decision. [ ]  Provider Notes:  |

**Section 3. LHRC Consent Review – For LHRC Completion Only**

***Please complete the corresponding items below as indicated in Section 2.***

1. [ ]  **Objection of AR Appointment**

|  |  |
| --- | --- |
| The individual's capacity was properly evaluated (all of the following elements are required to select “Yes” for this section):☐ Accepted standards of professional practice☐ Indicates the specific type of decision for which the individual’s capacity is being evaluated (ex. medical)☐ Indicates the specific type of decision the individual has or does not have the capacity to make☐ Addresses the type of supports that might be used to increase the individual’s decision-making capabilities | Yes ☐ No☐ |
| The authorized representative was properly designated according to 12VAC35-115-146. | Yes ☐ No☐ |
| The individual's basic values and preferences were considered in the appointment of the AR *unless clinically contraindicated or the individual did not have a preference.*  | Yes ☐ No☐ |
| The providers’ action for which consent or authorization is required occurred in an emergency or as otherwise permitted by law.  | Yes ☐ No ☐ N/A ☐ |

1. [ ]  **Review of Independent Evaluation Versus Provider’s Evaluation**

|  |  |
| --- | --- |
| The LHRC reviewed the provider’s capacity evaluation.  | Yes ☐ No☐ |
| The LHRC reviewed the independent capacity evaluation obtained by the individual or his/her family member.  | Yes ☐ No☐ |

Based on the information provided, and in accordance with 12VAC35-115-200.A.2, the LHRC has determined that the following evaluation will control:

☐ Provider Evaluation

☐ Independent Evaluation

1. [ ]  **Individual Disagrees with Director Decision**

|  |  |
| --- | --- |
| The LHRC reviewed the decision made by the director. | Yes ☐ No☐ |
| The LHRC reviewed the individual's or the Authorized Representative's reasoning for objecting to the director’s decision.  | Yes ☐ No☐ |

Based on the information provided and 12VAC35-115-200.A.3, the LHRC has determined that:

☐ The director’s decision requires the individual’s personal consent or authorization or that of his authorized representative.

☐ The director’s decision does not require the individual’s personal consent or authorization of his authorized representative.

## Section 4. LHRC Recommendations and Acknowledgments – For LHRC Completion Only

The LHRC makes the following recommendations (if applicable):

|  |  |
| --- | --- |
| Name of LHRC  |  LHRC Chairperson Signature/Date |