



**Adult Advocacy
Centers**

A Guide to Informed Consent for People with Disabilities

Fall 2020

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Introduction

Informed consent is an important and often confusing concept. This guide was created by the Adult Advocacy Centers (AACs) to provide broad information regarding informed consent to assist advocates, providers and medical professionals that serve individuals with disabilities. This guide provides background, definitions, information, alternative supports and examples of informed consent. While reviewing this guide, it is important to keep in mind that the criteria for obtaining informed consent varies depending on the particular circumstance.

Acknowledgments

The AACs would like to thank the partners that assisted in the creation of the informed consent guide, including, but not limited to, consulting writer Adonna Wilson-Baney, Advocacy and Protective Services Inc. (APSI), the Ohio Department of Developmental Disabilities (DODD), the Ohio Department of Mental Health and Addiction Services (OhioMHAS) and the Forensic Nursing Network.

Disclaimer

The purpose of this publication is informational only. It is not designed or intended to be legal guidance or a substitution for legal advice. Informed consent and topics related to informed consent that are included in this publication are complex and may change depending on the particular circumstance. Advocates, providers, medical professionals and facilities are encouraged to consult with an attorney to address specific concerns involving informed consent.

Legal References

The content of this publication is based on Ohio law. Examples of pertinent Ohio Revised Code (ORC) and Ohio Administrative Code (OAC) provisions are referenced throughout this publication. Citations (current as of publication date) may be found in the appendix section on page 19.



What is Informed Consent?

Informed Consent as a Principle

Broadly and generally defined, informed consent is a process in which an advocate, provider or medical professional educates an individual about the risks, benefits and alternatives of a particular action, treatment or service. The individual must have the capacity to make a voluntary decision about whether or not to undergo the action, treatment or service.

The foundation of informed consent is the ethical principle that people should have a right to decide what is to be done with their body. The components of this principle are self-determination and autonomy. The steps necessary to this process are listed below.

- Describe the action, treatment or service
- Explain the individual's role in the decision-making process
- Discuss the possible alternatives to the proposed action, treatment or service
- Provide information about the potential risks of the action, treatment or service¹

Individuals who do not have the capacity to provide informed consent may still have the ability to provide important background information and state their preferences regarding care options.

1 Parth Shah; Imani Thorton; Danielle Turrin; John E. Hipkind. (2020, June, 1). Informed Consent. StatPearls. [ncbi.nlm.nih.gov/books/NBK430827](https://www.ncbi.nlm.nih.gov/books/NBK430827)

Informed Consent Related to Medical Procedures

The relevant ORC section related to informed consent for medical procedures is listed below.

Code	Description
ORC §2317.54 (A), (B) & (C) <i>Informed Consent to Surgical or Medical Procedure or Course of Procedures</i>	The consent to surgical or medical procedures includes the nature and purpose of the procedure, what the procedure is expected to accomplish, and any known risks. Except in emergency situations, the consent includes the names of the physicians who will perform the procedure. The person making the consent acknowledges that a disclosure of information has been made and that all questions asked about the procedure have been answered in a satisfactory manner. The consent is signed by the patient for whom the procedure is to be performed. If there are issues relating to the patient, including, but not limited to, competence, capacity, minority, or the patient is under the influence of alcohol or drugs, a person who has legal authority will consent on behalf of the patient.

Links to sample forms for consent to treat and informed consent are included in the Forms and Tools section of this guide on page 21. Additionally, a link to a sample form for consent, specifically for people with disabilities, but not specifically for Ohio, is also in the Forms and Tools section of this guide on page 21.

Informed Consent in Sexual Assault Medical Forensic Examinations

Informed consent for sexual assault medical forensic examinations can be especially challenging. It is recommended that all medical professionals involved in this type of exam with an individual with a disability consult and follow A National Protocol for Sexual Assault Medical Forensic Examinations by the U.S. Department of Justice, Office on Violence Against Women.² This protocol advocates for a coordinated effort, accompanied by comprehensive care, and a trauma-informed approach to providing services. This publication states that a sexual assault medical forensic examination should never be done against the will of patients.³ It is also recommended that medical professionals review the Forensic Nurse Examiner Guide for Patients with Disabilities. This guide has been created by the Adult Advocacy Centers to provide vital information for Forensic Nurse Examiners. Information on how to access this publication is listed in the additional resources section of this guide.

2 U.S. Department of Justice. Office on Violence Against Women. (2013, April). A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents, Second Edition. [ncjrs.gov/pdffiles1/ovw/241903.pdf](https://www.ncjrs.gov/pdffiles1/ovw/241903.pdf)

3 U.S. Department of Justice. Office on Violence Against Women. (2013, April). A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents Second Edition. [ncjrs.gov/pdffiles1/ovw/241903.pdf](https://www.ncjrs.gov/pdffiles1/ovw/241903.pdf)



Competency vs. Capacity

The terms *competency* and *capacity* are sometimes used interchangeably, but they have different meanings and implications for people with disabilities. Competency is a global assessment and legal determination, while capacity is a functional assessment regarding a specific decision. When thinking about both competency and capacity, it is important to recognize that neither require that an individual with a disability make the “best decision.”

Competency

Competency refers to the sufficient mental ability and cognitive capability to execute a legally recognized act, such as entering into a contract or signing a will. Whether or not a person is competent or incompetent is a formal judicial determination made by a court, such as a probate court in guardianship proceedings. An ORC section related to incapacity is listed below.

Code	Description
ORC §2111.01 <i>Guardians and conservatorship definitions (D)(1)(2)</i>	Incompetent is defined as any person who is so mentally impaired, as a result of a mental or physical illness or disability, intellectual disability, or as the result of chronic substance abuse that the person is incapable of taking proper care of themselves or their property.

Advocates, providers and medical professionals should not be too quick to question competency. If an individual with a disability has not been adjudicated incompetent and does not have a guardian, the focus should be on supporting an individual's capacity to make a decision.

It is important to know that other legal standards for competence exist in the judicial system, such as a criminal defendant's competence to stand trial or a witness' competence to testify at trial. Those competence determinations are completely separate from competence to provide informed consent.

Capacity

Capacity is a clinical determination regarding whether an individual has the ability to make an informed decision. Capacity is evaluated on a case-by-case basis and includes an individual determination of a person's ability to understand information; options regarding a proposed action, treatment or service; the risks associated with that action, treatment, or service; and the ability to make rational decisions based on that information.⁴

Evaluating Capacity for Informed Consent

Capacity Evaluation

For informed consent to be valid, an individual must have the capacity to understand the risks and benefits of any available options, weigh options against one another, and communicate a choice. As the complexity of decisions vary, capacity must be assessed separately for each decision. If an individual has a disability, they should not automatically be determined to lack capacity to provide consent. Understanding can be enhanced when the appropriate accommodations and supports are provided. An ORC section related the capacity is listed below.

Code	Description
ORC §2135.01(B) <i>Declaration for mental health treatment definitions</i>	Capacity to consent to decisions regarding mental health treatment means there is an ability to understand the risks, benefits and alternatives to the proposed treatment, to rationally use the information, to appreciate how to apply that information, and to express a choice about the proposed treatment.

To appropriately conduct an individualized evaluation, it is important to keep in mind the sensitive nature of some decisions, especially medical decisions, such as a sexual assault evidentiary exam. In these cases, it is imperative that the medical professional or advocate is communicating using plain language that can be understood by the individual. The process of explaining a medical procedure, exam or other service provision includes evaluating the individual's understanding.

⁴ Joyetta G. Dastidar, MD; Andy Odden, MD; Department of OF. (2011, August 8). How Do I Determine if My Patient has Decision-Making Capacity? The Hospitalist. [the-hospitalist.org/hospitalist/article/124731/how-do-i-determine-if-my-patient-has-decision-making-capacity](https://www.the-hospitalist.org/hospitalist/article/124731/how-do-i-determine-if-my-patient-has-decision-making-capacity)

The following table was adapted for use by advocates and medical professionals when interacting with people with disabilities and includes suggested guidelines for evaluating capacity.⁵

	Behaviors Suggesting Capacity Is Present
An individual has an understanding of key information	<ul style="list-style-type: none"> ● Describe current medical problems ● List treatment options offered, including no treatment ● Name major risks and benefits of recommendations, including no treatment
An individual has an understanding of the situation and consequences	<ul style="list-style-type: none"> ● Explain how current medical problems impact life ● Discuss likely outcomes of treatment options, including no treatment ● Articulate reasons provider recommends a particular option
An individual can use reasoning	<ul style="list-style-type: none"> ● Explain factors considered when making a choice ● Discuss goals and values influencing decision ● Connect choice to likely outcome ● Determine if choice aligns with previously stated goals and reasoning
An individual can make and express a choice	<ul style="list-style-type: none"> ● Able to communicate decision ● Indicates chosen alternative decisions

(Scott, 2008)

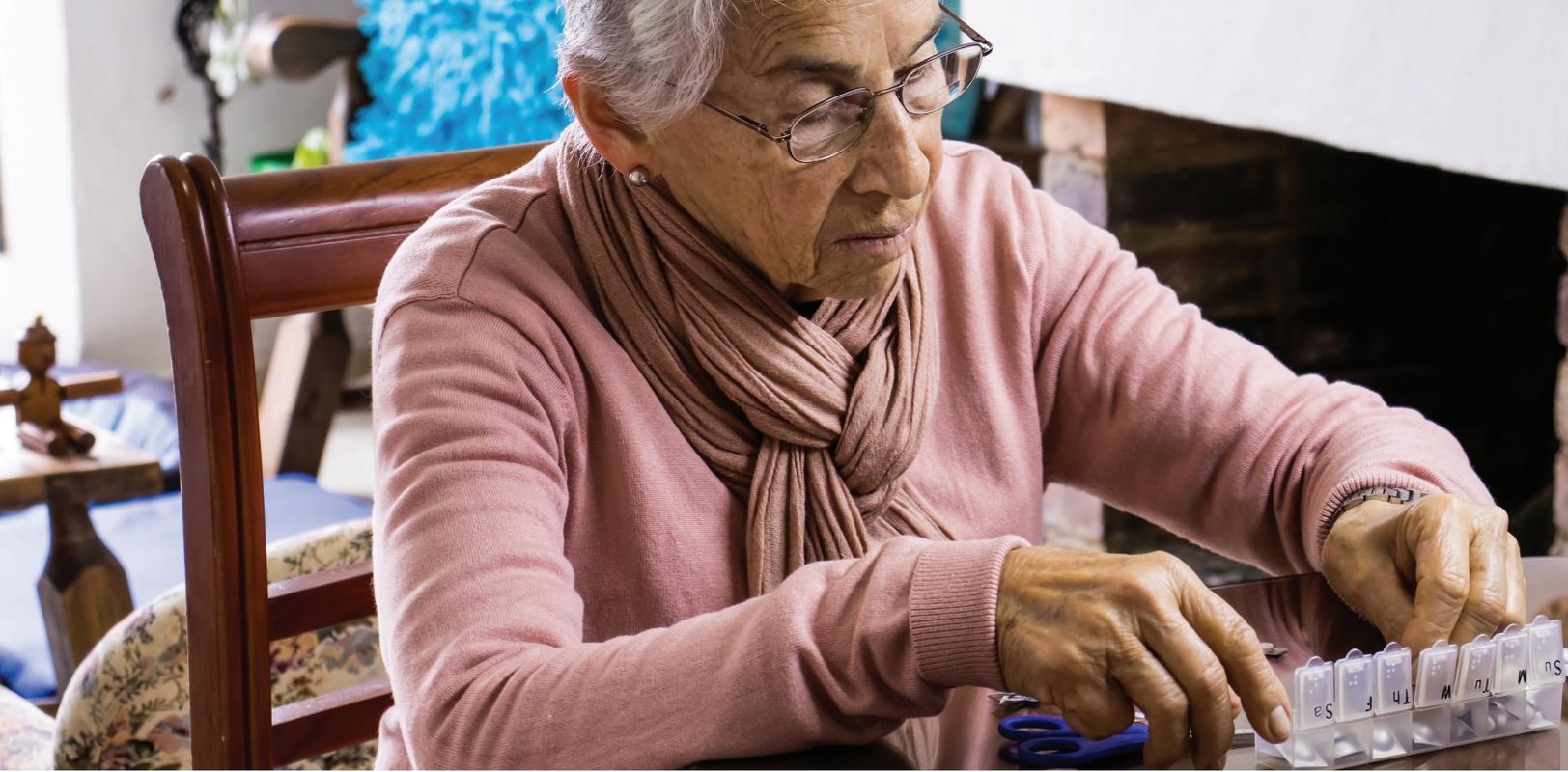
Service providers are encouraged to develop trauma-informed policies on how to handle situations where an individual’s legal representative (Power of Attorney (POA) or guardian) provides consent but the individual either does not cooperate, consent or voices a refusal to the consent. The provider, the legal representative, and potentially other advocates and team members should work together to address the specific situation.

The Use of Accommodations

When assessing for capacity and obtaining consent, information should be provided to an individual with a disability in a format and environment that fosters understanding. Effective communication happens when all needed accommodations are provided. Examples of accommodations include, but are not limited to, pictures, an interpreter, forms in large print, and materials printed in Braille. If an individual uses assistive technology to communicate, that technology should be made available to them throughout the process. The goal of offering accommodations is to ensure that communication with people with disabilities is as effective as communication with people without disabilities.

It is important to ensure that communication needs are not mistaken for diminished capacity. For example, receptive and expressive communication abilities can vary, and many individuals who are Deaf, hard of hearing, or who have communication impairments have full capacity to make decisions.

⁵ Dr. Kathi Thimsen



Laws, Rules and Rights in Ohio

Ohio Revised Code (ORC)

Because this guide is geared toward informed consent for people with disabilities, the ORC was reviewed for relevant sections pertaining to the Ohio Department of Aging, Ohio Department of Developmental Disabilities and the Ohio Department of Mental Health and Addiction Services. Relevant ORC sections are listed below. The full context of these citations may be found in the appendix section of this guide.

Ohio Department of Aging (DOA)

Code	Description
ORC §5101.60(L)	Definition of incapacitated person

Ohio Department of Developmental Disabilities (DODD)

Code	Description
ORC §5126.043(A), (B), (C), & (D)	Decisions by individuals with intellectual and other developmental disabilities; authorization for decision by adult; decisions by guardian

Ohio Department of Mental Health and Addiction Services (OhioMHAS)

Code	Description
ORC §2135.01(J)	Declaration for mental health treatment/Informed consent
ORC §5122.10(A)(1)	Emergency hospitalization
ORC §5122.271(A), (B), (C), (D), E), (F) & (G)	Consent to treatment

Ohio Administrative Code (OAC)

The OAC was also reviewed for relevant sections pertaining to the DOA, DODD and the OhioMHAS. OAC sections listed below provide guidance for informed consent related to specific situations and disability types. The full context of these citations may be found in the appendix section of this guide.

Ohio Department of Aging (DOA)

Code	Description
OAC §173-14-16 (H)(5)	Complaint-handling protocol/Consent to disclose information
OAC §3701-19-20(C) (1) & (2)	Admission of patients to the hospice care program/Informed consent for admission
OAC §3701-19-22.1(C)	Admission of non-hospice palliative care patients to hospice inpatient facilities

Ohio Department of Developmental Disabilities (DODD)

Code	Description
OAC §5123:2-2-06 (6)	Behavior support strategies that include restrictive measures/ Informed consent
OAC §5123:2-3-(B)(4)	Licensed residential facilities – person-centered planning/Informed consent

Ohio Department of Mental Health and Addiction Services (OhioMHAS)

Code	Description
OAC §5122-14-11 (B) (3) & (4)	Patient rights, participation and education/Development of service/ treatment plans/Declining or consenting to services
OAC §5122-2-13 (C)(9)	Medication practices in regional psychiatric hospitals/Informed consent

Bills of Rights Related to Informed Consent

Bills of rights for people with disabilities are codified in Ohio law and support informed consent in specific scenarios. Older Ohioans residing in a nursing facility, people with intellectual and developmental disabilities, and people with mental illness each have a codified Bill of Rights. Pertinent excerpts of these rights are listed below by disability type.

Rights of Persons with a Developmental Disabilities

Code	Description
ORC §5123.62	The bill of rights for people with developmental disabilities provides individuals with disabilities several rights, including (N) the right to be treated equally as citizens under law; (Q) the right to participate in decisions that affect their lives; and (X) the right to refuse to participate in medical, psychological or other research or experiments.

Patient Rights, Participation and Education for People Receiving Mental Health Services

Code	Description
ORC §5122-14-11 <i>Patient Rights, Participation and Education</i>	The bill of rights for patients includes several protections involving informed consent, including the right not to receive a mode or course of treatment, established pursuant to a treatment plan, in absence of such person's informed, voluntary and written consent to such mode or course of treatment, except during an emergency situation.

Residents' Rights for People Residing in Nursing Homes

Code	Description
ORC §3721.13	The bill of rights of individuals living in nursing homes includes the right to participate in decisions that affect the resident's life, including the right to communicate with the physician and employees of the home in planning the resident's treatment or care and to obtain from the attending physician complete and current information concerning the individual's medical condition.



Implied Consent and When Consent is Not Required

Although uncommon, there are situations when consent is not required. Examples of these situations are listed below.

Medical Emergencies

Physicians are able to treat patients in certain types of medical emergencies without explicit consent. This ability is based on the theory of implied consent and assumes that an unconscious individual would consent to emergency treatment if they were conscious. For example, an emergency room physician may need to perform a life-saving procedure on a victim of a car crash who is unable to provide explicit consent because they are unconscious.

People with developmental disabilities have specific rights regarding consent for medical treatment if they are living in an institution. The relevant code is listed below.

Code	Description
ORC §5123.86 (D) <i>Consent for medical treatment</i>	If two licensed physicians judge that a delay in obtaining consent for surgery would create a grave danger to the health of a resident, emergency surgery may be performed without consent of the patient.



Emergency Psychiatric Hospitalization

In Ohio, an emergency psychiatric admission is performed via an application for emergency admission, commonly referred to as a “pink slip.” This process is governed by Ohio Revised Code 5122.10, which specifies the circumstances under which persons may be taken into custody and the reasons for the belief that the person is a mentally ill person subject to a court order by representing a substantial risk of physical harm to self or others if allowed to remain at liberty pending examination. When the ORC process is followed, the individual’s consent is not required for the hospitalization.

Code	Description
ORC §5122.10(E) <i>Emergency hospitalization</i>	A person must be examined within twenty-four hours of arrival at the facility. After examination, if the chief clinical officer believes that the person is not a mentally ill person subject to court order, the person must be released or discharged immediately unless a court has issued a temporary order of detention applicable to the person. If the chief clinical officer believes that the person is a mentally ill person subject to court order, the person may be detained for up to three court days following the day of the examination. During that time the chief clinical officer must either file an affidavit for judicial hospitalization or admit the person as a voluntary patient. If neither of those actions is taken by the end of the three-day period, and a court has not otherwise issued a temporary order of detention applicable to the person, the person must be discharged.



Alternative Supports to Obtain Informed Consent

Most people, including people with disabilities, receive informal supports when making decisions. This may include talking to a trusted family member, friend or staff member to assist in understanding and weighing options to make a decision. There are several ways for people with disabilities to remain in charge of their decisions while simultaneously receiving supports and assistance to make those decisions. It is important for providers to understand these alternative supports and ascertain whether the individual or another person is the legally authorized decision-maker to provide consent. The appendix section of this guide includes examples of forms that people may want to reference for alternative supports.

Justice for Jenny ⁶

A legal case nicknamed Justice for Jenny is viewed by many as the case that paved the way for SDM and other supports to be used as the preferred method for decision-making for people with disabilities, instead of more restrictive measures, such as guardianship. In 2012 a probate court granted a family member full guardianship of Jenny, a woman with Down syndrome who was living and working in the community. After the probate hearing, Jenny was moved to a different home, had her cell phone and laptop removed, and was prohibited from seeing her friends. A trial was held, and on August 2, 2013, the Judge replaced her guardian with a friend who supported Jenny and limited the guardianship to a one-year term. After the one-year period, Jenny would regain all of her decision-making authority. The judge also held that during this one-year period, SDM should be used to support Jenny's decisions. Jenny's case was significant, as it was the first case to approve the use of SDM for a person with a disability.

6 Free, C. and Weisensee-Egan, N. (2014, March 7). National Resource Center for Supported Decision-Making. Woman with Down Syndrome Fights for Her Freedom – and Wins. supporteddecisionmaking.org/press/woman-down-syndrome-fights-her-freedom-%E2%80%93-and-wins

Supported Decision-Making (SDM)

Just as everyone needs help when making decisions, this model enables individuals with disabilities to direct their own life to the greatest extent possible. Using SDM may eliminate the need for a person to have a legal guardian. SDM promotes self-determination, autonomy and independence. If an individual uses SDM as opposed to guardianship, the individual retains legal authority to make decisions about their life. In these situations, a provider should take direction from the individual with regard to who an individual would like to include in a discussion about providing informed consent.⁷

Advance Directives and Living Will

An advance directive is a legal document that allows a person to state what medical treatments they want or do not want in the event of a crisis or during a time when they may be unable to make a decision due to a severe illness or injury, including mental illness.

A living will is a type of advance directive. A living will allows an individual to state their wishes about health care services. This document becomes effective when a doctor determines that an individual has lost the capacity to make informed health care decisions and the individual is terminally ill or permanently unconscious.⁸

Chosen Representative

In the developmental disabilities (DD) system, if a guardian has not been appointed, a person who is receiving services may select a chosen representative. A chosen representative must be an adult and may not have any financial interest in the decision related to the service or program. The chosen representative may only be involved in decisions regarding DD services and may not make decisions regarding services from other systems. A “chosen representative” designation may be revoked by a person with an intellectual or developmental disability at any time.⁹

Power of Attorney (POA) and Guardianship

If it is determined that an individual with a disability lacks capacity to sign a consent, the advocate, provider or medical professional will need to determine whether an alternative decision-maker has the authority to provide consent through a valid POA or guardian of the person. It is important to request and retain a copy of all legal documents showing either the validity of the POA or guardianship of person.

7 Supported Decision-Making: Frequently Asked Questions. ACLU. [aclu.org/sites/default/files/field_document/faq_about_supported_decision_making.pdf](https://www.aclu.org/sites/default/files/field_document/faq_about_supported_decision_making.pdf)

8 Amanda Singleton. (2019, August 14). Why All Adults Should Have a Living Will. AARP. [aarp.org/caregiving/financial-legal/info-2019/what-is-a-living-will.html](https://www.aarp.org/caregiving/financial-legal/info-2019/what-is-a-living-will.html)

9 Chosen Representative. (2019, October 22). Ohio Department of Developmental Disabilities. dodd.ohio.gov/wps/portal/gov/dodd/your-family/safety-security/chosen-representative

Power of Attorney (POA)

A person (the principal) may use a Power of Attorney (POA) to give another trusted individual (the agent) legal authority to act on that person's behalf. The agent's authority is limited to what is specified in the POA, which may be very broad or only for specific actions, such as health care. The POA may grant the agent authority immediately or only when the principal becomes incapacitated (called a "durable" power of attorney). A durable POA typically remains in effect until the principal revokes the POA or dies.¹⁰

Code	Description
ORC §1337.12 <i>Formality of execution(A)(1)</i>	An adult who is of sound mind voluntarily may create a valid durable power of attorney for health care by executing a durable power of attorney, in accordance with section 1337.24 of the Revised Code, that authorizes an attorney in fact as described in division (A)(2) of this section to make health care decisions for the principal at any time that the attending physician of the principal determines that the principal has lost the capacity to make informed health care decisions for the principal.

Guardianship

A guardian is a person or corporation appointed by a probate court to be legally responsible for another person and/or for another person's estate (property) when that person is unable to manage his or her personal needs or property due to a disability. Guardianship is a legal proceeding that removes significant rights from an individual. A ward is a person for whom a guardian has been appointed. The control that a guardian has over a ward is limited to the authority granted by the probate court. Typically, a guardian of the person would have authority to provide informed consent for services.¹¹

Conclusion

The AACs believe that people with disabilities can make informed decisions when provided information and options in an accessible format, accompanied by individualized accommodations and supports. It is the hope of the AACs that this Informed Consent Guide will provide advocates, providers and medical professionals with information and options that will promote autonomy and independence for individuals with disabilities.

10 Power of Attorney. American Bar Association. americanbar.org/groups/real_property_trust_estate/resources/estate_planning/power_of_attorney/

11 Guardianship. APSI. apsiohio.org/our-services/



Glossary

Advocate: Someone who assists people with disabilities.

Disability: A physical or mental impairment that substantially limits one or more major life activities; a record of such an impairment; or being regarded as having such an impairment (Americans with Disabilities Act of 1990).

Consent: An individual's agreement to an action, treatment or service.

Deaf or hard of hearing: Complete or partial loss of the ability to hear caused by a variety of injuries or diseases.

Developmental Disability: A severe, chronic condition that is characterized by all of the following: it is likely to continue indefinitely, is attributable to a mental or physical impairment or a combination of mental and physical impairments (other than a mental or physical impairment solely caused by mental illness). In the case of a person age 6 or older, a substantial functional limitation in at least three of the following areas must be present: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and, if a person is 16 years of age or older, capacity for economic self-sufficiency.

Guardian: A guardian is a person or corporation appointed by a probate court to be legally responsible for another person and/or for another person's property (estate) when that person is unable to manage their personal needs or property because of a mental disability.

Preponderance of the Evidence: The greater weight of information and evidence is on one side or the other.

Probate Judge: The individual presiding and making decisions in probate court.

Informed Consent: Permission provided by someone for an action, treatment or service, knowingly provided after that person has been apprised of the possible consequences, risks and benefits.

Intellectual Disability: General mental capacity of 70 or below.

Mental Illness: A health condition that results in a substantial disorder of thought, mood, perception, orientation or memory causing a gross impairment of judgement, behavior, capacity to recognize reality or ability to meet the ordinary demands of life.

Ohio Administrative Code: Rules adopted by agencies of the state of Ohio. These rules are used to carry out policies and the intent of the laws passed by the General Assembly.

Ohio Revised Code: Laws that have been passed and enacted by Ohio's legislature.

Physical Disability: A condition that affects a person's mobility, physical capacity, stamina or dexterity. Examples of these conditions include amputation, heart disease and musculoskeletal injuries.

Power of Attorney: A legal document that gives someone the ability to act for another person.

Probate Court: The court that manages guardianships and administering estates.

Supported Decision-Making (SDM): Supports and services that help an individual with a disability to make their own decisions.

Voluntary: A decision that is made of one's own free will.

Ward: An adult with a disability for whom a guardianship is established.

Appendix

Ohio Revised Code

Code	Link
ORC §1337.12 <i>Formality of Execution Durable Power of Attorney for Health Care</i>	codes.ohio.gov/orc/1337.12
ORC §2111.01 <i>Guardians and Conservatorships (D)(1)(2)</i>	codes.ohio.gov/orc/2111.01
ORC §2135.01(B) <i>Declaration for Mental Health Treatment Definitions (B) & (J)</i>	codes.ohio.gov/orc/2135.01
ORC §2317.54 <i>Informed Consent to Surgical or Medical Procedure or Course of Procedures (A), (B), & (C)(1)(2)</i>	codes.ohio.gov/orc/2317.54
ORC §3721.13 <i>Bill of Rights for People Residing in Nursing Homes</i>	codes.ohio.gov/orc/3721.13
ORC §5101.60 <i>Adult Protective Services (L)</i>	codes.ohio.gov/orc/5101.60
ORC §5122.10 <i>Emergency Hospitalization (A)(1)</i>	codes.ohio.gov/orc/5122.10
ORC §5122.271 <i>Consent to Treatment (A), (B), (C), (D), E, (F) & (G)</i>	codes.ohio.gov/orc/5122.271
ORC §5123.62 <i>Rights of Persons with a Developmental Disability</i>	codes.ohio.gov/orc/5123.62
ORC §5123.86 <i>Consent for Medical Treatment (D)</i>	codes.ohio.gov/orc/5123.86
ORC §5126.043 <i>Decisions by Individuals with Intellectual (appropriate term substituted) and Other Developmental Disabilities; Authorization for Decision by Adult; Decisions by Guardian(A), (B), (C), & (D)</i>	codes.ohio.gov/orc/5126.043

Ohio Administrative Code

Code	Link
<p>OAC §173-14-16 <i>State Long Term Care Ombudsman (SLTCO) Complaint-handling Protocol; Consent (H)(1), (2), (3), (4), & (5)</i></p>	<p>codes.ohio.gov/oac/173-14-16</p>
<p>OAC §3701-19-20 <i>Admission of Patients to the Hospice Care Program (C) (1) & (2)</i></p>	<p>codes.ohio.gov/oac/3701-19-20</p>
<p>OAC §3701-19-22.1 <i>Admission of Non-Hospice Palliative Care Patients to Hospice Inpatient Facilities (C)</i></p>	<p>codes.ohio.gov/oac/3701-19-22.1</p>
<p>OAC §5122-2-13 <i>Medication Practices in Regional Psychiatric Hospitals (C)(9)</i></p>	<p>codes.ohio.gov/oac/5122-2-13</p>
<p>OAC §5122-14-11 <i>Patient Rights, Participation and Education (B)(3) & (4)</i></p>	<p>codes.ohio.gov/oac/5122-14-11</p>
<p>OAC §5123:2-2-06 <i>Behavior Support Strategies that Include Restrictive Measures (C)(6)</i></p>	<p>codes.ohio.gov/oac/5123:2-2-06</p>
<p>OAC §5123:2-3-03 <i>Licensed Residential Facilities – Person-Centered Planning (B)(4)</i></p>	<p>codes.ohio.gov/oac/5123:2-3-03</p>
<p>OAC §5123-15 (C)(1) <i>Provision of Protective Services by a Contract Agency</i></p>	<p>codes.ohio.gov/oac/5123-15</p>

Forms and Tools

Sample Forms for Consent to Treat and Informed Consent

Source	Link
University of Toledo Medical Center	utoledo.edu/policies/utmc/administrative/pdfs/3364-100-10-01.pdf
The Ohio State University Wexner Medical Center	bit.ly/3i7VcEJ
The College of Family Physicians of Canada	portal.cfpc.ca/resourcesdocs/uploadedFiles/Directories/Committees_List/Informed%20Consent%20in%20Adults%20with%20DD.pdf

Advance Directives

Title	Link
Advance Directive Planning for Important Health Care Decisions <i>Caring Connections</i>	aarp.org/content/dam/aarp/relationships/caregiving/2011_01/ad/Ohio.pdf
State of Ohio Advanced Directives: Health Care Power of Attorney, Living Will Declaration <i>The Ohio State Bar Association</i>	ohiobar.org/globalassets/home/member-benefits/practice-management-tools-and-services/advance-directives.pdf

Chosen Representative

Source	Link
Ohio Department of Developmental Disabilities	bit.ly/2EFYlxV

Durable Power of Attorney for Health Care

Source	Link
Lorain County, Ohio	loraincounty.com/recorder/forms/ohio-durable-poa-health-care.pdf

Additional Resources

Title and Source	Link
<p>Advanced Directives for Mental Health Treatment in Ohio <i>Ohio Legal Rights Service</i></p>	<p>disabilityrightsohio.org/assets/documents/lrs_advance_directives.pdf?pdf=AdvanceDirectives</p>
<p>A Forensic Nurse Examiner’s Guide to Caring for Patients with Disabilities <i>Adult Advocacy Centers</i></p>	<p>adultadvocacycenters.org/wp-content/uploads/2020/09/AACs_Forensic_Nurse_Examiner_Guide.pdf</p>
<p>Assessing Understanding and Obtaining Consent from Adults with Intellectual Disabilities for a Health Promotion Study <i>Journal of Policy and Practice in Intellectual Disabilities</i></p>	<p>ncbi.nlm.nih.gov/pmc/articles/PMC3821759</p>
<p>Consent, Capacity, and Substitute Decision-Making <i>Disability Rights Pennsylvania</i></p>	<p>disabilityrightspa.org/wp-content/uploads/2018/04/CompleteGuideCapacityConsentSubDecMakingFEB2018.pdf</p>
<p>Consent Process for Low Literacy and Physically Disabled Participants <i>University of Pittsburgh</i></p>	<p>irb.pitt.edu/consent-process-low-literacy-and-physically-disabled-participants</p>
<p>Consent and People with Intellectual Disabilities: The Basics <i>University of Hartfordshire</i></p>	<p>intellectualdisability.info/historic-articles/articles/consent-and-people-with-intellectual-disabilities-the-basics</p>
<p>Healthcare Treatment Decision-Making Guidelines for Adults with Developmental Disabilities <i>Center for Practical Bioethics</i></p>	<p>practicalbioethics.org/files/ethics-consortium-guidelines/Treatment-Decision-Making-Adults-with-Dev-Disabilities.pdf</p>
<p>Informed Consent for Patients with Special Needs <i>University of Washington</i></p>	<p>depts.washington.edu/lend/trainees/project/2017/25_Lowe_LEND_Leadership_Project_Poster.pdf</p>
<p>Informed Consent: More Than Getting a Signature <i>The Joint Commission</i></p>	<p>bit.ly/2Gg2N72</p>

Title and Source	Link
Information Sheet: Informed Consent <i>U.S. Food and Drug Association</i>	fda.gov/regulatory-information/search-fda-guidance-documents/informed-consent
Informed Consent <i>The American College of Obstetricians and Gynecologists</i>	acog.org/clinical/clinical-guidance/committee-opinion/articles/2009/08/informed-consent
Informed Consent FAQs <i>U.S. Department of Health and Human Services</i>	hhs.gov/ohrp/regulations-and-policy/guidance/faq/informed-consent/index.html
Informed Consent in Adults with Developmental Disabilities <i>The College of Family Physicians of Canada</i>	portal.cfpc.ca/resourcesdocs/uploadedFiles/Directories/Committees_List/Informed%20Consent%20in%20Adults%20with%20DD.pdf
Rewriting the Rules of Informed Consent <i>American Society of Hematology</i>	ashclinicalnews.org/spotlight/rewriting-informed-consent
Toolkit for Primary Care Providers <i>Health Care for Adults with Intellectual and Developmental Disabilities</i>	iddtoolkit.vkcsites.org/general-issues/informed-consent



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