

Informed Consent for Proxy Caregiver to Perform Health Maintenance Activities

Client Name:		Client Phone #
Client Address:	City:	State:
Client's Legal Representative Name:		Legal Representative's Phone #

Understanding Benefits and Risks in Allowing Unlicensed Proxy Caregivers to Take Care of Me

Georgia law now permits me, as an individual with a disability to choose to allow unlicensed proxy caregivers who have been properly trained to perform health maintenance activities for me. Health maintenance activities are those health-related things I would normally do for myself, but for my disability. Typically, a registered nurse would teach me how to do these things as part of my ongoing care. However, I could also be taught by my attending physician, an advance practice registered nurse, a physician's assistant, a pharmacist, or physical, speech, and occupational therapists who are functioning within their scopes of licensed practice. My proxy caregivers will be taught by a licensed healthcare professional to do the health maintenance activities generally described below and more specifically listed on my written plan of care. Health maintenance activities are defined as those activities that have reasonably precise and unchanging directions, reasonably predictable outcomes and do not require complex observations, skills, or critical decisions. Health maintenance activities do not include things like administering medications by injection directly into the blood stream or taking care of a central intravenous line or a complex wound.

I understand that:

1. using proxy caregivers may make it more affordable or convenient for me to receive health maintenance activities I need in the place I consider my home rather than in a more structured kind of healthcare facility, such as a nursing home or hospital;
2. my proxy caregivers are not licensed healthcare professionals and have not had the same extensive training that licensed healthcare professionals receive;
3. there may be additional health risks in having unlicensed proxy caregivers do health maintenance activities for me since they may not recognize an important change in my medical condition that needs to be assessed or treated by a licensed healthcare professional;
4. I am consenting to my medical information being shared with my proxy caregivers to be trained to provide care to me;
5. health maintenance activities will be provided pursuant to the written orders of an attending physician, advanced practice registered nurse, or physician's assistant and further detailed in the written Plan of Care;
6. my consent for proxy caregivers to perform health maintenance activities for me may be revoked at any time either orally or in writing by notifying the designated proxy caregiver or licensed healthcare professional involved with my care.

My Health Maintenance Activities:

I give my consent for my proxy caregivers to do the following health maintenance activities for me. These health maintenance activities may be further explained on my written plan of care.

My Proxy Caregivers: I give consent for the following selected proxy caregivers or Licensed Healthcare Facility proxy caregivers to provide the health maintenance activities listed above for me. **(Attach a list of names of Proxy Caregivers Trained to Provide HMA's for this Resident; Update the attached list if changes from original list occur)**

Designated Licensed Healthcare Facility Name:

Signature of Client or Person Legally Authorized to Act on Behalf of the Client Consenting to Use of Proxy Caregivers:

My Signature Consenting:	Date:
Legal Representative's Signature Consenting:	Date:

Address of Person Signing (if different from Client's)

(Check Legal Authority Below If Applicable)

1. Advance Directive for Healthcare	2. Married Person for Spouse	3. Parent for Minor Child	4. Person Standing in Loco Parentis, Guardian for Ward	5. Female in relation to pregnancy/birth	6. Adult Child for Parent
7. Parent for Adult Child	8. Adult for Sibling	9. Grandparent for grandchild	10. Adult grandchild for grandparent	11. Adult niece, nephew, aunt, uncle (1 st degree)	12. Adult friend

13. Temporary Consent-Guardian