

St. Clair County Community Mental Health  
**Special Consent**  
**Behavior Treatment Intervention**

**RECIPIENT INFORMATION**

<b>NAME</b>	
<b>CASE #</b>	
<b>CASE HOLDER / CLINICIAN</b>	
<b>PRESCRIBER</b>	
<b>DIAGNOSIS</b>	
<b>MEDICATIONS</b>	

**BEHAVIOR TREATMENT INTERVENTION SUMMARY TO INFORM THE RECIPIENT/GUARDIAN**

<b>PROPOSED BEHAVIOR TREATMENT INTERVENTION</b> i.e. Restrictive/Intrusive Technique	
<b>RATIONALE FOR BEHAVIOR TREATMENT INTERVENTION</b> Briefly discuss how the recommended technique is based on: 1.) The findings from the Functional Behavior Assessment 2.) A rule-out of relevant physical, Medical, or environmental causes 3.) A rule-out of potential risks that may accompany use of the recommended technique 4.) The prior and current use of Positive Behavior Supports 5.) A recommended Monitoring Plan	
<b>EXPECTED BENEFITS FOR THE RECIPIENT</b>	

<b>BEHAVIOR TREATMENT INTERVENTION REVIEW SCHEDULE</b>	
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**MEDICAL PROFESSIONAL’S ATTESTATION STATEMENT:**

Any potential risks of the behavior treatment intervention have been assessed. The expected benefits outweigh the potential risks associated with the behavior treatment intervention.

As such, I attest that:

- The identified behavior has been determined as not likely caused by a physical condition, which can be corrected medically.
- The proposed behavior treatment intervention has been determined as not medically contraindicated.

\_\_\_\_\_  
Psychiatrist/Psychologist Signature/Credentials

\_\_\_\_\_  
Date

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**RECIPIENT’S/GUARDIAN’S SPECIAL CONSENT TO  
BEHAVIOR TREATMENT INTERVENTION:**

I understand the behavior treatment intervention (intrusive/restrictive technique) will be followed by my/my ward’s treatment team. The expected benefits and potential risks of the behavior treatment intervention have been explained to my satisfaction, and I have received a copy of the behavior treatment intervention.

As such, I agree to permit the use of the behavior treatment intervention.

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Recipient’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Case Holder Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date