

10A NCAC 28D .0106 CONSENT

(a) Consents required in Sections .0200, .0300 and .0400 in this Subchapter shall be obtained in writing or verbally over the telephone.

(b) Written consent of the client or his legally responsible person shall be obtained whenever possible. Information which is necessary to adequately inform the client shall be documented in the client record and shall include the following:

- (1) name of the procedure or treatment and its purpose expressed in laymen's terms;
- (2) evidence that the benefits, risks, possible complications and possible alternative methods of treatment have been explained to the client or his legally responsible person;
- (3) notification that the consent may be withdrawn at any time without reprisal;
- (4) specific length of time for which consent is valid;
- (5) when anesthesia is indicated, permission to administer a specified type of anesthesia;
- (6) permission to perform the procedure or treatment;
- (7) when applicable, authorization for the examination and disposal of any tissue or body parts that may be removed; and
- (8) signature of the client or his legally responsible person on written authorizations.

(c) Whenever written consent cannot be obtained in a timely manner, verbal (telephone) consent may be obtained from the legally responsible person. The legally responsible person shall be asked to sign a written authorization and return it to the state facility but the treatment or procedure may be administered in accordance with the verbal consent. Verbal consent shall be witnessed by two staff members and documented in the client record. The client record shall also include documentation specifying the reason why written consent could not be obtained.

*History Note: Authority G.S. 122C-51; 122C-57; 131E-67; 143B-147;
Eff. July 1, 1989;
Amended Eff. April 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. May 1, 2018.*