

XXX HHA
Informed Consent
Assistance with Self-Administered Medications by Non-licensed Personnel

I _____ [*patient, or patient's surrogate, or guardian, or attorney in fact's name*], herein referred to as "the patient", hereby state that I have been informed of the following facts:

1. That the patient may be receiving assistance with self-administration of medication from an unlicensed person; i.e. home health aides.
2. That the patient's home health aides are:
 - Not currently licensed to practice nursing or medicine;
 - Employees of _____, [*patient's home health agency*]; and
 - Trained with respect to assisting with the self-administration of medication as provided in rule promulgated by the Agency for Health Care Administration.
3. That _____ [*patient's home health agency*] encourages patients who are capable of self-administering their own medications without assistance to do so.
4. That _____ [*patient's home health agency*], provides unlicensed personnel who, consistent with a dispensed prescription's label or the package directions of an over-the-counter medication, helps the patient, who needs assistance and whose condition is medically stable, with the self-administration of routine, regularly scheduled medications that are intended to be self-administered.
5. That, for purposes of this informed consent, self-administered medications include both legend and over-the-counter oral dosage forms, topical dosage forms, and topical ophthalmic, otic, and nasal dosage forms, including solutions, suspensions, sprays, and inhalers.

I _____ [*patient, or patient's surrogate, or guardian, or attorney in fact's name*], hereby state that I have read, and been fully informed of, the above facts and that I hereby request and consent to have home health aides assist me with my self-administered medications.

Signed this the ___ day of _____, 2002.

Patient, or patient's surrogate,
or guardian, or attorney in fact

(Title)