

**Informed Consent for Proxy Caregiver to Perform Health Maintenance Activities**

<b>Client Name:</b>		<b>Client Phone #</b>
<b>Client Address</b>	<b>City:</b>	<b>State:</b>
<b>Client's Legal Representative Name:</b>	<b>Legal Representative's Phone #:</b>	

**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 or a physician's assistant. 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 observation 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, personal care 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. the attending physician, an advance practice registered nurse or a physician's assistant whose orders or written plan of care allow health maintenance activities to be performed for me is not responsible for my proxy caregivers' negligent performance of those activities unless the proxy caregivers are employed by the physician, advance practice registered nurse or physician's assistant to perform the health maintenance activities for me;
6. it is my responsibility, or a person legally authorized to act on my behalf, to notify the licensed healthcare professional to arrange for any additional training and evaluation if the health maintenance activities listed on my written plan of care change;
7. 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 my consent for the following proxy caregivers to do the health maintenance activities listed above for me.

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

<b>My Signature Consenting:</b>	<b>Date:</b>
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**Legal Representative's Signature:  
(Circle Legal Authority Below If Applicable)**

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

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 <sup>st</sup> degree)	12. Adult friend

13. Temporary Consent-Guardian