



HUMAN RIGHTS COMMITTEE APPROVAL FORM

Participant HIPAA Name: _____ Date of Review: _____

Approval via Email: Yes (Attach Email confirmations.)

Approval via Phone: Yes (Complete reverse side of this form.)

Item(s) to be reviewed:

Restrictive Measure

Medical Procedure

BSP

Psychotropic Medication

Adaptive Equipment

Other (explain)

Brief description of item to be reviewed: _____

Human Rights Committee Approval: (Must obtain 3 signatures to approve.)

Printed Name	Signature	Date

Guardian Approval:

Yes

No

N/A

Guardian Signature

Date



HRC Telephone Approval

<i>Date of Call</i>	
<i>Time of Call</i>	
<i>HRC Member Contacted</i>	
<i>Approval of Item Being Reviewed</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Staff Completing Call</i>	
<i>Comments:</i>	

<i>Date of Call</i>	
<i>Time of Call</i>	
<i>HRC Member Contacted</i>	
<i>Approval of Item Being Reviewed</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Staff Completing Call</i>	
<i>Comments:</i>	

<i>Date of Call</i>	
<i>Time of Call</i>	
<i>HRC Member Contacted</i>	
<i>Approval of Item Being Reviewed</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Staff Completing Call</i>	
<i>Comments:</i>	