

III. Identify and Inform the Surrogate

a. Identifying the Surrogate

The Surrogate is a person from the following list who is from the class that is highest in priority and who is reasonably available, willing, and competent to act. (Check one and identify below)

- A guardian authorized to decide about health care pursuant to Mental Health Hygiene Law Article 81
- The spouse, if not legally separated from the patient, or the Domestic Partner³
- A son or daughter eighteen years of age or older
- A parent
- A brother or sister eighteen years of age or older
- A Close Friend⁴

_____ Name of Surrogate		_____ Relationship to Patient	
_____ Mobile phone number	_____ Home phone number	_____ Email address	

b. Informing the Surrogate

- I have informed the Surrogate (or at least one other person from the highest class available on the Surrogate list) that the patient has been determined to lack capacity and that the Surrogate will make health care decisions for the patient.

_____ Clinician ² (print name)	_____ Signature	_____ Time	_____ Date	<input type="checkbox"/> Surrogate refused interpreter (check box if applicable)
_____ Preferred Language Interpreter Name or Number	_____ Signature	_____ Date	_____ Time	

Telephone/Video Consent (Check box if applicable), Patient/Guardian/Representative**/Interpreter signature not required.

IV. Notify the Patient⁴ (Check one)

a. Identifying the Surrogate

- The patient has been informed that he or she has been determined to lack capacity and that a Surrogate has been identified to make health care decision(s) for him; **OR**
- The patient has NOT been informed of the above, because there is no indication that the patient can comprehend the information.

_____ Clinician ² (print name)	_____ Signature	_____ Time	_____ Date	<input type="checkbox"/> Patient refused interpreter (check box if applicable)
_____ Preferred Language Interpreter Name or Number	_____ Signature	_____ Date	_____ Time	

Telephone/Video Consent (Check box if applicable), Patient/Guardian/Representative**/Interpreter signature not required.

NOTE: If the patient objects to the determination of incapacity, choice of surrogate, or health care decision, the patient's wishes prevail unless there is a medical emergency or a court order (See FHCDA Policy [MSHS 206]).

³ If the Surrogate is a Domestic Partner, use Form 2 to document their status.

⁴ If the Surrogate is a Close Friend, use Form 2 to document their status.

⁵ If the patient was transferred from a mental hygiene facility, notice must also be given to the director of the facility and to Mental Hygiene Legal Services.

