**DOCUMENTATION FOR HRC REVIEW**

***Please indicate the type of review and attach listed documentation***

***Complete a separate packet for each type of review***

***Please do not submit any documentation not listed below***

**Individual in Services: Date: PASA/agency/IC:**

**RIGHTS MODIFICATION: *List all rights being modified (Documented in the BUS)***

**Please provide:**

* **Comment page addressing how the client is doing with the modifications**
* **Signed Informed Consent for each listed above**
* **Rights Modification BUS section**
* **Staffing notes from six- month review of modification(s)**

**PSYCHOTROPIC MEDICATION (Please List Psychotropic Medications Only)**

* **Comment page addressing signs/symptoms of diagnosis**
* **Name/Dosage of Medication – on HRC Cover Sheet**
* **Diagnosis, Prescribing Physician, Psychiatrist – on HRC Cover Sheet**
* **Informed Consent**
* **Side effects – documented in Informed Consent**
* **ISSP (support for decomposition) – first page only**
* **Comprehensive Life Review – first page only with IDT signatures**

**SAFETY CONTROL PROCEDURE**

* **Comment page addressing number of times implemented since last HRC review**
* **Safety Control Procedure or Informed Consent**
* **Behavioral Support ISSP**
* **Rights Modification section of the BUS indicating the SCP**
* **Summary of behavior tracking/charts**

**SAFETY CONTROL PROCEDURE – MECHANICAL RESTRAINT**

* **Comment Page**
* **DIDD Waiver Approval Letter**
* **6 Month Review per Waiver Letter Requirement**
* **Safety Control Procedure**
* **Rights Modification section of the BUS indicating Mechanical Restraint**

**RESTRICTIVE PROCEDURE – *List specific ISSP/RP:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* **Comment on how client is doing with ISSP/RP**
* **Informed Consent**
* **ISSP – Behavior Plan – first page only**
* **Functional Analysis – first page only**
* **Comprehensive Life Review – first page only with IDT signatures**
* **Rights Modification section of the BUS indicating the Restrictive Procedure**

**EMERGENCY CONTROL PROCEDURES:**

**Completed by HRC Coordinator**

**HRC has reviewed the above documentation on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HRC Signatures**

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**5/22**

**All other forms are obsolete**