



Minors Rights to Demonstrate Capacity for Health Care Decision Making

This document is designed to assist in determining whether a minor has the capacity to understand the nature and ramifications of their decision.

- The individual understands the need for and purposes of an assessment and/or treatment program.
- The individual understands the consequences (risks and benefits) of undergoing an assessment and/or treatment program, together with the alternatives to the assessment and/or treatment program.
- The individual understands the consequences (risks and benefits) of refusing an assessment and/or treatment program.
- The individual’s mental, emotional or physical condition does not affect their ability to appreciate the consequences of making a treatment related decision.

The **provider** asks the following to determine capacity:

Do you understand why you need an assessment and/or treatment program?

Yes No

Individual response summary:

Do you understand what the risks and/or benefits are if you undergo an assessment and/or treatment program? Do you understand the alternatives to this assessment and/or treatment program?

Yes No

Individual response summary:

Do you understand what the risks and/or benefits are if you were to refuse assessment and/or treatment?

Yes No

Individual response summary:

Provide any evidence to determine that the individual's mental, emotional or physical, health condition has an effect on their ability to appreciate the nature and ramifications of making a treatment decision? (i.e. mental status exam; substance use)

Based on the information presented, identify if this individual has capacity or not to make decisions with respect to the particular assessment and/or treatment program:

Yes Has capacity No Does not have capacity

Date: _____ Signature: _____

Note: Please file this document of your findings in the health record with the consent form.

Note: This document is valid for the course of treatment.