



Human Rights Committee (HRC) Cover Sheet and Summary Review for PASA

This section completed by each Program Approved Service Agency (PASA)

Member Information	
Member Name:	Date of Birth:
HRC Review Period Dates:	<input type="checkbox"/> Initial <input type="checkbox"/> Ongoing
Guardian Name(s): (If applicable)	Person Completing the Form:
<input type="checkbox"/> Residential Agency <input type="checkbox"/> Day Program Agency	Name of Agency:

Items for Review Check the appropriate box(es) below for item(s) to be reviewed
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<input type="checkbox"/> Psychotropic Medication
<p>Have you included a signed informed consent (by individual and/or guardian) that corresponds to all HRC reviewed medications listed on the Physician’s Order(s) and/or the Prescription from Prescribing Medical Provider?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please explain:</p>

<input type="checkbox"/> Rights Modification(s)
Description of Rights Modification(s):

Date of most recent Informed Consent(s):	<input type="checkbox"/> Copy of Informed Consent(s) included
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This section to be completed by the PASA

Answer to Previously Asked Questions	<input type="checkbox"/> Check if no recommendations from last review
HRC Recommendation(s)	Agency Response/Follow Up

Update Summary and Description for Rights Modification(s) <i>(if applicable)</i>

Provide a short summary about the individual and how things have been going for them since the last review, a description of implemented Rights Modifications, and a detailed update of progress with the Rights Modification since last review.

Items to reflect on in the update summary:

- Summarize data associated with the rights modification in a data table to show progress of that reinstatement plan. - **Required**
- Summarize all services: residential, day program, behavior services, etc.
- Any major changes for this individual?
- Additional information for the packet such as a summary of IDT meeting discussing the rights modification, incident reports or doctor’s advice that may warrant implementing or continuing a Rights Modification.
- Did the individual meet the criteria for ending/modifying the Rights Modification? If yes, what changes is the team implementing to restore rights?
- Any other important information for the Committee to review.

Completed by:	Date:
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