

Chart Number:

Name:

Essential Care Partners Consent

An Essential Care Partner (ECP) is a support person to which the client or Substitute Decision Maker (SDM) has consented, and whose presence is considered essential to the emotional, psychological and physical wellbeing of the client while they are in the hospital and receiving care and services as an outpatient.

I understand the purpose of this consent. I understand that I may revoke this consent at any time.

I, _____ consent to have

_____ act as my Essential Care Partner.

Client/Substitute Decision Maker Signature: _____

Witness signature: _____

Date: _____