**HCRS**

**Clinical Ethical Review Committee (“CERC”)**

**Referral Form**

The Clinical Ethical Review Committee (hereafter referred to as “Committee”) provides a forum for difficult, complex, ethical issues to be explored in order to provide education to the agency on areas that lack ethical clarity. The Committee serves as a venue to learn from our experience as an agency, assess quality of care, and observe gaps in our policies and procedures that may be addressed to provide clarity or guidance for complicated clinical issues. *The Committee’s role is to make recommendations, not decisions.*

***Please be sure to review the CERC Procedures before completing Referral Form to determine if the referral is appropriate.***

* Name of Staff Person Making Referral:
* Provider ID:
* What type of ethical issues are involved?

**Client’s Rights, Responsibilities, Restrictions**

**Discrimination in Provision of Care**

**Informed Consent and Client Choice**

**Involuntary Care (Order of Non-Hospitalization/EE/Warrant)**

**Level of Care (including Admission/Discharge)**

**Guardianship**

**Treatment Approach**

**Safety/Risk (including Community Safety)**

**Boundaries**

**Clinical Record**

**Complaint/Grievance**

Other:

* Describe the Ethical Issue:
* Does the issue involve a particular client’s care?  Yes  No
  + If so, Client number:
* Are there other staff involved?  Yes  No
  + If so, please include their names and relationship to the issue:
* Is there relevant corresponding documentation to be reviewed?  Yes  No
  + If so, please include with referral or location in EMR: