

Sample Medical Authorization Forms for adult patients with developmental disabilities

(for use with health care providers in Missouri)

Complied by
[Alternatives to Guardianship Project](#)

1. Designation of ADA Support Person - [Link](#)
<https://alternativestoguardianship.com/forms/1-designate-support-person.pdf>
2. HIPAA Release of Information and Records - [Link](#)
<https://alternativestoguardianship.com/forms/2-hipaa-form-fillable.pdf>
3. Designation of Patient Representative - [Link](#)
<https://alternativestoguardianship.com/forms/3-designate-representative.pdf>
4. Designation of Health Care Agent (POA Only) - [Link](#)
<https://alternativestoguardianship.com/forms/4-designate-health-care-agent.pdf>
5. Power of Attorney and Advance Directives - [Link](#)
<https://alternativestoguardianship.com/forms/5-dpa-fillable-with-instructions.pdf>
6. Complaint to DHSS Re Hospital - [Link](#)
<https://alternativestoguardianship.com/forms/6-complaint-vs-hospital-dhss.pdf>
7. Supported Decision-Making Form (MoP&A) – [Life Course Tools](#)
<https://alternativestoguardianship.com/forms/7-SDMA-p&a-form.pdf>
8. Health Care Passport - [Link](#)
<https://alternativestoguardianship.com/forms/8-health-care-passport.pdf>
9. Certificate of Understanding and Voluntariness - [Link](#)
<https://alternativestoguardianship.com/certificate-understanding.pdf>

This is not intended as legal advice for a specific case. These forms were developed for educational purposes only. They can be modified by patients and families as necessary for a specific situation. Consult an attorney if legal advice is needed.