



Authorization for Limited Representation[[1]](#footnote-1)

My name is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I live at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I understand that a student attorney from Suffolk University Law School’s Health Law Clinic is going to help me write a Supported Decision-Making Agreement. That means I will pick who I want to help me make different decisions in my life, and my student attorney will write a Supported Decision-Making Agreement that shows who I have picked.
* I understand that my student attorney’s work will be double-checked by an attorney, and my student attorney can ask for help from an attorney at any time.
* I understand that I am the client and I am in charge. If I do not want to keep working with my student attorney, or I do not want to keep making a Supported Decision-Making Agreement, I can stop at any time. If I choose to stop, I will do my best to let my student attorney know.
* I understand that my student attorney will only help me write my Supported Decision-Making Agreement, and my student attorney will not help me with anything else unless we talk about it and agree.
* I understand that if my student attorney finishes law school before my Supported Decision-Making Agreement is done, a new student attorney will help me.
* I understand I will need to meet with my student attorney to finish my Supported Decision-Making Agreement. I will to do my best to come to every meeting. If I cannot come to a meeting, I will do my best to let my student attorney know that I cannot make it.
* I understand that if anyone comes to one of my meetings with my student attorney, my student attorney will always ask me if it is okay for them to talk with us.
* I understand that my student attorney is not allowed to tell anyone else my personal information without my permission.
* I understand that until my Supported Decision-Making Agreement is finished, I will tell my student attorney how to get in touch with me, and let them know if my phone number, address, or email changes.
* I understand that once my Supported Decision-Making Agreement is finished, my student attorney and I will stop working together.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Client Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Student Attorney(s) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Supervising Attorney Date

1. Liz Valentin, Health Law Clinical Fellow

   Suffolk University Law School

   2023 [↑](#footnote-ref-1)