# Consents

## **Purpose**

To ensure ASC obtains the necessary legal authorization as required in relation to the provision of services.

# Policy Statement

ASC will obtain the appropriate signed informed consent as required, prior to:

- a. Obtaining or releasing personal information
- b. Commencement of services
- c. Emergency medical treatment
- d. Day to day medical care
- e. Administration of medications (including health and diet supplements)
- f. Travel
- g. Photographs and audio or visual recordings for internal use and/or released by ASC for external use
- h. Participation in activities outside of day-to-day services including overnight stays
- i. Participation in Behaviour Support Plans
- j. Participation in research, assessments and/or service evaluations
- k. Other specific situations not covered above

## For consent to be informed ASC will ensure:

- a. The client and/or legal representative are able to indicate their full understanding of the purpose of the consent
- The client and/or legal representative understands their right to provide, revoke or withhold consent and the nature of the consequences of doing so
- c. Consent forms are signed and include an identified time frame

Binder(s)	Adult Services, Family Support Services					Page:	1 of 1
Section(s):	Rights	Α	93-12-15	R	95-05-17	R	96-06-14
Program Area(s):	Adult Disability, Family Support Disability	R/R	98-05-20	R/R	03-09-10	R/R	Jan 7-01
		R/R	Jan 26/12	R/R	May 31/18		

## Consents

#### **GENERAL CONSENT**

- 1. A General Consent form will be completed prior to commencement of services.
- 2. Each item on the General Consent form will be reviewed with the client and/or legal representative.
- 3. The client and/or legal representative will provide informed consent by initialing only those items that they feel are appropriate.
- 4. Mandatory items would include:
  - a. emergency medical treatment
  - b. release of information (related to emergencies)
  - c. any items impacting the ability to provide specific elements of service
- 5. A new General Consent form will be reviewed and re-signed by the client and/or legal representative prior to the expiry date of the previous year's consent.
- 6. The employee will clarify the purpose of the consent each time the client and/or legal representative review and sign the consent form.
- 7. The current General Consent form will be maintained on the client's main file with copies forwarded to the client and/or legal representative and service area.

## **SPECIFIC CONSENT**

- 1. A Specific Consent form will be used to obtain informed consent prior to:
  - a. releasing information
  - b. obtaining information
  - c. participating in activities
  - d. specific situations not covered by other consent forms (e.g., photos for public display, a client in 24 hour service staying alone for a specified period of time.)
- 2. Information on the Specific Consent form must describe a clear purpose for the consent.
- 3. Any request to release or obtain information to or from ASC, must be directed to the applicable Coordinator.
- 4. All information obtained will be handled according to all applicable ASC policy and procedure.
- 5. Information will only be released to, or obtained from, the agencies or people specifically identified on the Specific Consent form.

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Program Area(s):	Adult Disability, Family Support Disability	R/R	03-09-10	R/R	Jan 07-05	R/R	Jan 18/12
		R/R	Apr 18/18				

6. The current Specific Consent form will be maintained on the client's main file and copies may be forwarded to the client and/or legal representative and service area as applicable.

### **BEHAVIOUR SUPPORT PLAN CONSENT**

- 1. A Behaviour Support Plan Consent form will be used to obtain informed consent prior to the implementation or discontinuation of any Behaviour Support Plan.
- 2. The Behaviour Support Plan Consent form will be attached to the current Behaviour Support Plan and maintained on the client's main file with copies forwarded to: the client and/or legal representative, service area, Area Coordinator and funders or other stakeholders as applicable and with consent.

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Program Area(s):	Adult Disability, Family Support Disability	R/R	03-09-10	R/R	Jan 07-05	R/R	Jan 18/12
		R/R	Apr 18/18				