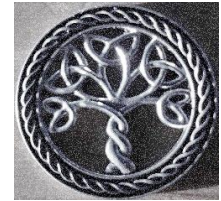


HEART2HEART CONSULTING

Community Connection Services

Informed Consent Form



As a client with Heart2Heart Consulting, I have requested individual support services to help me connect with meaningful activities in the community that are a good match with my skills, interests and abilities. These activities may include recreation or volunteering in the community that involve varying levels of physical exertion, cognitive demands as well as interaction with other people. I understand that I will be referred to activities that take place in the community and not in an office setting. Engaging in these activities comes with potential risks and benefits.

PRIOR TO STARTING MY PARTICIPATION IN SERVICES AND SUPPORTS FACILITATED BY HEART2HEART CONSULTING, I ACKNOWLEDGE AND AGREE TO THE FOLLOWING:

- I agree to disclosing my physical and/or cognitive limitations, restrictions and/or triggers to Heart2Heart Consulting and designated community service providers so that they are aware of my individual needs and abilities (See New Client Intake Form).

Limitations - activities that you generally avoid but could perform on an occasional basis

Restrictions - activities that you must avoid and cannot perform due to your disability

Triggers - something that affects your emotional state, often significantly, by causing extreme overwhelm or distress

- I understand that disclosure of my medical condition is not required. However, I will provide emergency contact information and direction regarding appropriate action to be taken in the event of a medical emergency. This information will be shared with the community service provider to ensure my safety and well being.
- I agree to seek medical approval before beginning community activities. I will provide my doctor with information about the physical and/or cognitive demands of my chosen activities. I will share my doctor's recommendations with Heart2Heart Consulting such as how many hours I can participate in the activities, any potential to increase my hours in the future, recommended breaks, and/or any adaptive tool or equipment.
- I understand that I am responsible for ensuring that my individual needs are met and that I do not engage in activities that are beyond my physical and psychological capacities. This includes complying with my doctor's recommendations with regards to my level of participation in community activities.
- I accept that it is my responsibility to make arrangements for transportation to and from the chosen community activity and to ensure that I arrive on time. If I am unable to attend the scheduled community activity, I will provide the community service provider as much advanced notice as possible.

- I take full responsibility for my physical and emotional well-being and will communicate directly with the community service provider if I am feeling uncomfortable at any time during my assigned activities in the community. I will also share my concerns with Heart2Heart Consulting.
- I agree to carry any medications with me that may be necessary including any allergy medication as well as emergency contact information.
- I understand that my privacy or confidentiality has limits when I am in public and choosing to participate in community activities. This means that I will consider how much information I choose to share about myself and my medical condition with others in the community who may or may not maintain my privacy.
- I understand that Heart2Heart Consulting will protect my privacy and confidentiality when we meet in the community by not acknowledging me as a client. I am aware that I have the right to disclose or not disclose that I am a client of Heart2Heart Consulting if we come into contact with someone in the community that I know.
- I understand that there could be unexpected risks that I encounter while engaged in activities in the community that could result in physical or emotional injury or damage to myself or others. I understand that these risks cannot be eliminated.
- I assume responsibility for all potential risks to my emotional and physical health while participating in community activities (for example, slips and falls, bruises, bug bites, poison ivy, allergic reactions, sprains, fractures, emotional stress and other unforeseen injuries of any kind).
- I understand the conditions in the community can be variable, particular while outdoors. For example, parks, pathways and trails can be muddy or slippery, there may be tripping hazards, insects or aggressive wild/domestic animals. Weather conditions may vary, change quickly or can be unfavourable including wind, rain, snow or excessive heat/cold.
- I agree to uphold professional boundaries with my service provider while I am a client with Heart2Heart Consulting. This includes using respectful language, taking responsibility my own behavior and engaging in constructive problem solving.
- I agree to the above conditions and I elect to participate in community activities with the support of Heart2Heart Consulting.

Client name (print) _____ Date: _____

Client signature: _____