



9901 – 97 Ave, Unit 203
Grande Prairie, AB, T8V 0N2
Tel : 780.402.1394
Fax : 587.316.5161
E : office@eatsleepandgrow.org

Informed Consent for Autism Assessment

Client/Child's Name: _____

DOB (YYYY/MM/DD): _____ **Age:** _____

Psychological Service

As part of the requirements set out by the College of Alberta Psychologists, I must collect, document and retain relevant personal information and observations in order to provide the most informed psychological service possible. Records are kept confidential.

As parent/legal guardian, you have the right to discontinue services at any time.

Benefits/Risks

The goal of psychological service is to enhance you and/or your child's overall well-being and capacity to reach his/her potential by working together collaboratively.

There are potential risks involved with psychological service. Engaging in this relationship may mean that daily life may change. Oftentimes this involves work that is to be done outside of sessions; at home or out in the community.

The assessment process may or may not result in diagnosis.

Consequences of non-action

Choosing to take no action or failing to participate fully in the process will result in little improvement.

Your Responsibility as a Parent/Guardian

You may be expected to participate in the assessment process. You will be given direction from the therapy team regarding your involvement.

Occupational Therapy Services

As part of the requirements set out by the Alberta College of Occupational Therapists, I must collect, document and retain relevant personal information and observations in order to provide the most informed Occupational Therapy service possible. Records are kept confidential.

As parent/legal guardian, you have the right to discontinue services at any time.

Benefits/Risks

The goal of Occupational Therapy service is to enhance you and/or your child's overall well-being and capacity to reach his/her potential by working together collaboratively.



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There are potential risks involved with Occupational Therapy service. Engaging in this relationship may mean that daily life may change. Oftentimes this involves work that is to be done outside of sessions; at home or out in the community.

Consequences of non-action

Choosing to take no action or failing to participate fully in the process will result in little improvement.

Your Responsibility as a Parent/Guardian

You may be expected to participate in the assessment process. You will be given direction from the therapy team regarding your involvement.

Speech & Language Pathology Services

As part of the requirements set out by the Alberta College of Speech-Language Pathologists and Audiologists, I must collect, document and retain relevant personal information and observations in order to provide the most informed service possible. Records are kept confidential.

As parent/legal guardian, you have the right to discontinue services at any time.

Benefits/Risks

The goal of Speech & Language Pathology service is to enhance you and/or your child's overall well-being and capacity to reach his/her potential by working together collaboratively.

There are potential risks involved with Speech & Language Service. Engaging in this relationship may mean that daily life may change. Oftentimes this involves work that is to be done outside of sessions; at home or out in the community.

Consequences of non-action

Choosing to take no action or failing to participate fully in the process will result in little improvement.

Your Responsibility as a Parent/Guardian

You may be expected to participate in the assessment process. You will be given direction from the therapy team regarding your involvement.

Fees

It is the client's responsibility to ensure services are covered by their benefit plan. Cancellation or rescheduling of appointments must be done at least 48 hours prior to your appointment time. Should you fail to show up for your scheduled appointment there will be a \$100.00 no show charge applied to your credit card.

A \$50 booking fee is required to secure your assessment appointment. This fee will be credited towards your final invoice.



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Confidentiality

Under the provisions of the *Health Professions Act*, I (Kalli, Melissa or Sabrina) may legally speak to another health care provider or a member of your family about you without your prior consent, but I will not do so unless the situation is an emergency.

If you elect to communicate with me by email, I am willing to respond briefly by return email, but please be aware that email and other electronic media are not confidential and are part of the public domain.

Information shared in sessions is confidential except under the following circumstances:

- Files are subpoenaed by court of law
- If there is disclosure of intent to harm self or others
- If there is reason to believe that a child is at risk of abuse/neglect

Written permission may be provided to have files/information shared with other professionals; this permission can be withdrawn at any time.

Records

As per the College of Alberta Psychologists, Alberta College of Occupational Therapists and Alberta College of Speech-Language Pathologists and Audiologists we must retain accurate, complete records for you/your child. Records include contact information; date(s) of appointments; assessment information and results; treatment plans; and sufficient information related to the content of each session. Records are maintained on a secure, encrypted cloud-based program.

I _____ give permission for the child named above to receive psychological services from Kalli Charbonneau, Ideal Insight Psychological Services; Melissa Renfree, Eat Sleep Grow Inc.; and Sabrina Tanguay, Speech & Language Pathologist. The procedures, expected outcomes, and consequences of intervention or of refusing assessment and intervention have been explained to me. I have read, understood and agree to the terms listed above.

Consent is effective until legal guardian rescinds consent via written notice.

 Date

 Signature of Mother or Legal Guardian

 Print Name

 Signature of Father or Legal Guardian

 Print Name