

# Informed Consent Policy

## Purpose

This policy outlines the procedures for obtaining, documenting, and managing informed consent for assessment, treatment, and virtual care services. It ensures that clients and/or their substitute decision-makers understand the nature of services, associated risks and benefits, alternatives, and their right to withdraw consent at any time.

## Scope

This policy applies to all clinicians, staff, and contractors providing services, including in-person and virtual occupational therapy services, to clients and families.

## Definitions

- **Informed Consent:** A voluntary agreement to receive services after receiving and understanding relevant information.
- **Substitute Decision-Maker (SDM):** A person legally authorized to make healthcare decisions on behalf of a client who lacks capacity, including parents or legal guardians of minors.
- **Minor:** A person under the age of majority as defined by applicable provincial/territorial law.
- **Virtual Care:** Assessment or treatment services delivered through electronic or digital means (e.g., video conferencing platforms).

## Policy Statement

Informed consent must be obtained prior to initiating assessment, treatment, or virtual care services and must be maintained throughout the therapeutic relationship. Consent is an ongoing process and may be withdrawn at any time.

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## 1. Obtaining and Documenting Consent

### 1.1 General Principles

- Consent must be voluntary, informed, specific, and given by a client with capacity or their SDM.
- Information must be provided in clear, understandable language, taking into account the client's developmental level, communication needs, and cultural context.
- Consent is an ongoing process and should be revisited when there are significant changes to services.

## **1.2 Consent for Assessment**

Prior to assessment, the clinician will explain:

- The purpose and nature of the assessment
- Expected duration and methods
- Potential benefits and foreseeable risks or discomforts
- Alternatives, including the option to decline or defer assessment

Consent for assessment may be obtained verbally or in writing and must be documented in the client record, including the date, type of consent, and the person providing consent.

## **1.3 Consent for Treatment**

Before initiating treatment, the clinician will explain:

- The proposed treatment plan and goals
- Expected benefits and potential risks
- Reasonable alternatives
- The client's right to ask questions and participate in decision-making

Treatment consent must be documented in the client record. Ongoing consent is implied through participation but should be reaffirmed when treatment approaches or goals change.

## **1.4 Consent for Virtual Care**

In addition to standard consent requirements, consent for virtual care must include discussion of:

- The nature and limitations of virtual service delivery
- Privacy and confidentiality considerations, including potential risks related to technology
- The client's responsibility for ensuring privacy in their environment
- Procedures in the event of technical difficulties or emergencies

Explicit consent for virtual care must be obtained and documented prior to initiating virtual services and reviewed periodically.

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## **2. Substitute Decision-Makers for Minors**

### **2.1 Authority to Consent**

- For minors, consent must be obtained from a parent or legal guardian unless the minor is deemed capable of providing informed consent under applicable law.
- The clinician is responsible for confirming the authority of the SDM and documenting this in the client record.

### **2.2 Involvement of the Minor**

- Minors should be involved in discussions about their care in a developmentally appropriate manner.
- The clinician will seek the minor's assent whenever possible, even when formal consent is provided by an SDM.

### **2.3 Disagreements or Changes in SDM**

- In cases of disagreement between SDMs or changes in legal guardianship, services may be paused until consent authority is clarified.
  - Documentation supporting SDM authority (e.g., custody agreements) may be requested when necessary.
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## **3. Withdrawal of Consent**

### **3.1 Right to Withdraw**

- Clients or their SDMs may withdraw consent for assessment, treatment, or virtual care at any time, verbally or in writing.
- Withdrawal of consent will not result in penalty or discrimination.

### **3.2 Process Following Withdrawal**

- The clinician will discuss the implications of withdrawing consent, including potential impacts on outcomes and available alternatives.
- Services related to the withdrawn consent will cease promptly, except where immediate cessation may pose a risk, in which case appropriate transition planning will occur.

### **3.3 Documentation**

- All withdrawals of consent must be documented in the client record, including the date, scope of withdrawal, and any follow-up discussions or actions taken.
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## Responsibilities

- **Clinicians** are responsible for obtaining, documenting, and maintaining informed consent.
- **The Organization** ensures policies, training, and systems support informed consent practices.

## Review and Updates

This policy will be reviewed periodically and updated to reflect changes in legislation, professional standards, or organizational practices.