



INTEGRATED SERVICES FOR AUTISM AND
NEURODEVELOPMENTAL DISORDERS

Consent to Service/ Business Policies Acknowledgement

This consent form contains information about ISAND’s professional services and several key business policies. This form outlines the rights and responsibilities of the clients (the child served and his or her family) and of ISAND. By signing this document, I understand that I am giving my consent for me or my child to receive assessment and treatment services and that I am in agreement with these ISAND business policies. I also understand that I can’t provide consent unless I fully understand the services being suggested. I have the right to ask questions and have those questions answered before signing this document.

Name of Client: _____

Name of Parent(s) or Guardian(s) _____

Who is consenting* to this service – client or parent(s)/guardian? _____

* Under the Health care Consent Act, a child can provide their own consent if they are able to understand the information provided to them and the possible consequences if they use or refuse the service. When the child can’t give consent, the parent/guardian (Substitute Decision Maker) must do so.

I. ASSESSMENTS AND CONSULTATIONS

I understand that assessments and consultations are part of the process at ISAND and will be performed to help create a treatment plan for me, or my child. Assessments can be very short and simple taking as little as an hour, others can be very complex and time consuming requiring several sessions. An assessment may include: an intake interview to gather information on me or my child’s current and past levels of language; and testing/observation of motor skills, play skills, self-help skills, interest in peers and behavioural concerns. I understand that the assessment may involve standardized psychological or educational assessments to measure my or my child’s cognitive functioning, level of adaptive functioning in daily life, and level of receptive and expressive language.

I will be informed about the format, purpose and cost of any assessment and will confirm participation before the assessment is conducted.

I understand that the results of the assessments and consultations and any recommendations will be discussed with me, and that I will be able to consent or refuse the proposed treatment recommendations.

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Date

II. INTERVENTIONS

I understand that the general potential benefits of ISAND interventions are that my or my child’s mental age, social functioning, and adaptive functioning may improve. I also understand that it is possible that the proposed interventions will not help me or my child to improve in these areas.

I understand that I will be provided information on the format of the intervention, and the cost before agreeing to participate. These details may be included in a written agreements that must be signed before therapies begin.

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A. Integrated approach:

ISAND provides services in an integrated model where clinicians from a variety of specialties work together to design treatment plans and to deliver the service.

I consent to my/my child’s therapist consulting with other clinicians in the development and delivery of the treatment plan.

Unless otherwise agreed to, intervention will take place at ISAND, 500-5734 Yonge Street.

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B. In-Home Service Intervention

I consent to ISAND staff providing interventions in my home.

Initials	Date
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C. Offsite Service Intervention

I consent to ISAND staff providing interventions at the following offsite location(s):

Initials	Date
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D. Photo and Video Recording during treatment:

I understand that videotaping and/or taking pictures during sessions with ISAND clinicians can assist in the treatment of me or my child. I consent to the photo and video recording of ISAND’s intervention treatments and I consent to the use of these video recordings by ISAND staff to develop, support, change my or my child’s plan of care, or for ISAND training purposes. In

addition, recordings may be requested by external specialists or others who are part of the Circle of Care. Additional consent would be completed for such purposes.

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E. Consent to use Photo, Videos and stories in promotional materials including Newsletter and website:

ISAND may take photos and videos of people at ISAND social and fundraising events, in addition to treatment sessions. These images and stories may be used in ISAND promotional and communication materials to raise awareness of ISAND and Autism Spectrum Disorder & Neurodevelopmental Disorders. Communication materials can include newsletters, brochures posting on ISAND website and social media platforms.

I consent to ISAND using images of me or my child for marketing and communication purposes.

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F. Participation of Trainees in Intervention

I understand that ISAND is committed to supporting the continued training and development of ISAND staff. ISAND employs students and other professionals in training as "Trainees", and endeavours to permit these trainees to participate in intervention treatments under appropriate supervision. I consent to the supervised participation of Trainees in my or my child's interventions.

Initials Date

G. Electronic Communication

Electronic communication can be a convenient way for communicating. I also understand that there may be privacy risks associated with communicating in this format. ISAND will attempt to communicate by using encryption services, but cannot guarantee their use, for individual client updates, and reports, as well as financial information.

I consent to ISAND electronically communicating with me for client updates, reports and financial information.

Initials Date

ISAND will send electronic appointment reminders to clients. I understand that there may be privacy concerns with electronic communications.

I consent to have ISAND send me electronic appointment reminders.

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III. BUSINESS PRACTICES:

A. Cancellation:

ISAND considers any appointment made with a client to be important and exclusive to that client. When an appointment is cancelled with short notice or missed altogether, it is often too late or impossible to offer this appointment to another family in need.

Cancellation fees or regular program session charges will be billed for most missed appointments. Under exceptional circumstances cancellation fees and program session charges may be waived. For further information can be found under the FAQ Tab on isand.ca

I acknowledge that I will be billed for booked, but missed therapy sessions unless there are exceptional circumstances:

Initials **Date**

B. Client and Clinician Health:

If your child has had any of the following ailments within 24 hours: fever, diarrhea, vomiting, or any illness requiring antibiotics, we strongly urge you to cancel any sessions that may be affected in order to keep your child and our team members healthy. In addition, our team reserves the option to cancel any session early if your child appears to be ill or contagious to others. If we observe that your child is unwell during a therapy session, we will assess the situation to determine whether he or she is able to continue the session and/or whether there may be a risk of spreading an illness, and will advise you accordingly.

Initials **Date**

C. Payment Billing:

I acknowledge that I am responsible for payment for services provided by ISAND. Upon admission into a service or program, I will provide my credit card information. Unless other arrangements have been made, my credit card will be charged as outlined in the service or program agreement. Some employee benefit plans allow for ISAND to directly bill an insurance provider for services provided to a client. In the event that payment for these services is declined by the insurer, I am responsible for payment.

Initials **Date**