

**Informed Consent**

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| Primary Care Services |  |  | Last Updated: July 26, 2021 |

Information Sheet

Welcome to the South Calgary Primary Care Network! This document outlines our expectations for your participation in our programs. We receive referrals directly from your physician/Medical Home or through internal referral from our clinicians. The following key messages will help you understand your role and our role in providing you care so you can make an informed decision of whether you want to engage in our services.

If you are not an adult and are not considered a “Mature Minor” we will need the permission of your parent or guardian and their contact information for you to receive care.

Purpose and Nature of the Activity or Service

Your physician or referrer will have gone through the reason for your referral to this service. You can also find more information on our website ([http://www.scpcn.ca](http://www.scpcn.ca/)) regarding our programs and services.

In general, as an extension of the Medical Home, the:

* Time to Talk (T2T) Therapy team are mental health therapists working collaboratively with patients within a short-term therapeutic relationship to empower them to achieve desired change.T2T provides short-term counselling and resources for patients who may be experiencing depression, anxiety, relationship conflict, stress, and other mental health related issues.
* Social Work team are social workers working collaboratively with patients within a short-term relationship to build capacity for self-advocacy and knowledge around navigation. Social workers provide navigation and resources for patients who may be experiencing issues accessing supports for daily living in the community.
* Nutrition Services/Community Wellness team promotes health through community wellness education by empowering our patients to make positive changes towards their desired health outcomes and by providing evidenced-based, clinical nutrition interventions to increase self-management skills. The team includes registered dietitians and nurses providing individual patient appointments and resources for patients experiencing a variety of chronic illnesses, including, but not limited to, obesity, binge eating, and diabetes.
* Pain Program team provides comprehensive pain education and intervention to increase self-management skills and quality of lives for patients with chronic pain.

Mutual Responsibilities

Individual appointments are initially booked between 60 - 90 minutes depending on the program and provider. Subsequent sessions will vary between 20 - 60 minutes in length. We will start and end on time. In some cases, we may mutually end the session early.

All our services are short-term in length, and you will receive sessions in intervals between two (2) to four (4) weeks, or as needed depending on multiple factors including, but not limited to, availability and clinical presentation/need. If you miss an appointment, we will do our best to reschedule as soon as possible.

Workshops run from one (1) to three (3) hours, depending on the course, which will be identified during registration. Workshop series include one (1) to eight (8) sessions, typically spaced a week apart with some flexibility for statutory holidays. Group Medical Visits with the dietitians are typically four weeks apart.

As we pledge to work with you collaboratively, it is also expected that you participate fully in your care. It may be important that you continue to reflect on or practice certain pieces that were discussed between sessions.

All clinicians are accountable to their respective Colleges and abide by the Health Professions Act and adhere to the Code of Ethics and Standards of Practice of their regulatory bodies. It is a requirement of our health professionals’ colleges that you be in the province of Alberta during the appointment, regardless of if it is by phone or videoconferencing.

Confidentiality Protections and Limitations  
Records are created and maintained under the name of the referred individual (patient). The same applies for couples and parents/legal guardians of dependents involved in therapy, as well as for workshops or other group programs. Records are stored within SCPCN’s electronic medical record. Only employees of SCPCN have access to these records.

*Virtual Care Considerations.* In instances where your appointment occurs by phone or videoconferencing, we cannot guarantee confidentiality due to unknown vulnerabilities in technology security. We have taken measures on our side with firewalls and security systems. To promote confidentiality:

* Ensure you are in a private room by yourself (or with those involved in the counselling session).
* Access the internet on your home network versus an open guest Wi-Fi connection.
* Use a private computer/device that is password protected (i.e., not an employer’s or third party’s computer/device).
* Use a unique email address not shared with someone else that is password protected.
* Use an encrypted email account.

How Confidential Information Can Be Accessed

Health information is treated with the highest standard of confidentiality. It is used to facilitate the treatment process and maintain accurate records. Information is collected, used, and disclosed in accordance with the Health Information Act of Alberta. We will not seek patient information from, or provide it to, any other person or organization outside of your circle of care without your written consent, except where required by law. Your circle of care includes your family physician. Where a patient is a minor or dependant adult, the guardian has the right to impose a limit on the patient’s right to confidentiality.

How Communications Will Happen Between You, Us, Your Medical Home, or Third Parties

The intention of our program is to support the provision of your care through your Medical Home, including your family physician. As such, we provide your family physician/medical home with a progress report and plan. We will not provide information to any third party without written consent.

Likely Benefits and Risks  
We anticipate you will experience an improvement in your mental and/or physical health because of our services. There may be times where discussing sensitive information may bring up emotions or distress. We encourage you to discuss this with the clinician in your session.

*Virtual Care Considerations.* Accessing our services over the phone or over video conferences presents some challenges:

* There may be a poor connection or calls may be dropped. We will call you back if this happens.
* As there are no or limited visual cues, there may be misunderstanding in communication over the phone. We may need to clarify or ask the other person to repeat what was said.
* Information may not be secure, and we cannot guarantee that no one will overhear you speaking.
* Phone calls, videoconferencing, and workshops/group visits are never recorded. If you require clarification of anything presented on the screen, please let us know and we will ensure you can access the material separately.
* We may ask you for an emergency contact in the event we lose connection and are concerned for your safety.

Information Applicable to Your Particular Circumstances or as Specifically Requested by You  
The clinician providing your service will provide any additional information that is applicable to your situation or as requested.

Alternative Modalities of Assessments/Treatments  
We currently offer services in-person, by phone, and by videoconferencing. Other services may be available to you that may fit your needs. Please discuss your preference for care further with the clinician.

Likely Consequences of Non-Action  
Whether you decline further treatment, drop out of the program, or do not put effort into working through the strategies discussed, this will likely result in no progress toward your goal or in fixing the issue you sought treatment for. Please discuss the barriers you are facing with the clinician.

Option to Refuse or Withdraw at Any Time   
At any point you have the option to refuse or withdraw from the service. You are also able to access the service again at a future time without prejudice or issue from the same provider or another provider. You may be asked to get another referral from your physician prior to accessing services to support the treatment process.

Time Period Covered by the Consent  
This consent lasts for the duration of your current service. Protections for confidentiality are maintained in accordance with the *Health Information Act (HIA).*

How to Rescind Consent if a Decision to Rescind Consent is Made  
If you want to rescind consent, you may do so by calling and cancelling your appointment and future service or making another specific request. The individual on the phone may ask you some further questions regarding your reasons for withdrawing consent and to provide alternative services in the community.

Who is Involved with Your Care  
To ensure that we can continue to grow as professionals, we work collaboratively with our team and on occasion our clinical work is supervised by a qualified professional. This might include case discussions and/or observation by one or more clinicians and may occur through a three-way call. We believe that it can be useful to have more than one perspective and this service is designed to enhance your experience or train a new clinician. These discussions are bound by our standards of confidentiality. We will ask you prior to any form of observation of your session and you have the right to refuse.   
  
Fees and Financial Arrangements

Our services are covered by Alberta Health Care at no cost to you.

Logistics and/or Business Considerations (e.g., Cancellation Policy)  
Please call us at least 24 hours before your appointment if you need to cancel or reschedule. Your file will be closed if we do not hear back from you within four (4) weeks after a cancellation or missed appointment.

Please ensure you are in a private space that is free of distractions; please turn off your cell phone or other devices during the session.

*Virtual Care Considerations.* It is your responsibility to be familiar with the technology used in your appointment. Some resources for supporting the use of videoconferencing are available on the respective platform’s website.

For some workshops, you will be required to use a webcam or smartphone with your camera on during the sessions. This is to ensure that everyone is safe, in a private space, and to ensure the facilitators can watch your facial expressions and body language to assess how the course is affecting you.

Patient Feedback

We invite and value your feedback on our work with you. Your opinion assists us in refining our approach so we can support you in maximizing the benefit from the service. Speak to your clinician or call us to discuss further.

If you have any concerns regarding the consent process or privacy, please contact our privacy department at [privacy@scpcn.ca](mailto:privacy@scpcn.ca).

Out of Scope  
We are not able to provide third (3rd) party assessments, psychological testing, psychiatric medication consultations, custody evaluations, readiness/return to work reporting, parenting assessments, or developmental assessments.

Contacting Us

If you need to speak with us directly during business hours, please call **403.668.8600.**

Accessing 24-hour Emotional Support  
Should you need confidential emotional support, please call the **Distress Centre** at **403-266-4357 (HELP)**.

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| **Instructions**: | | If the person providing consent disagrees to an item on this consent form, strikeout the text and have them initial beside it. | | | | | | | | | | | | | |
| Details of the service (check the service that applies): | | | | | | | | | | | | | | | |
|  | Time to Talk (T2T) Therapy | | |  | Social Work |  | | Nutrition Services | | |  | | | Pain Program | |
|  | Workshop *(describe)* | |  | | | | | | | | | | | | |
| I confirm that the nature, benefits, risks, consequences, and alternatives of the treatment/procedure or service (as discussed) and related matters (as identified in the *Informed Consent Information Sheet*) have been explained to me. I am satisfied with and understand the information I have been given, and I consent to the plan and to engage in service.  A qualified health care professional will perform the treatment/procedure or service with the assistance of any other healthcare practitioners including students and others in training.  I understand that I may, at any time, withdraw consent to this procedure/treatment or service (as identified above) or any other related matter. | | | | | | | | | | | | | | | |
| Name of person(s) providing consent | | | | | Phone Number(s): | | | | Specify role of person(s) providing consent: | | | | | | |
| (1) | | | | | (1) | | | |  | Patient (adult) | | |  | | Guardian |
| (2) | | | | | (2) | | | |  | Patient (mature minor) | | | | | |
| Signature of person(s) providing consent | | | | | | | Date *(yyyy-Mon-dd)* | | | | | Time | | | |
| (1) | | | | | | | (1) | | | | | (1) | | | |
| (2) | | | | | | | (2) | | | | | (2) | | | |
| **Note**: When an individual other than the patient provides consent, a copy of the court order, personal directive, or other document authorizing them to do so must be kept on the health record. | | | | | | | | | | | | | | | |

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| **Witness Statement** | | | |
| I observed the person providing consent sign the consent form (witness must be at least 18 years of age). | | | |
| Name | Signature | Date *(yyyy-Mon-dd)* | Time |
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| **Clinician Statement** | | | |
| I have explained the treatment/procedure or service to the person providing consent. In my opinion, this person understands the nature, benefits, risk, consequences, and alternatives.  Consent was given via  Written  Telephone  Videoconferencing | | | |
| Name | Signature | Date *(yyyy-Mon-dd)* | Time |
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