



Quality Assurance Program Consent Checklist

Consent is an issue that raises many questions and concerns for Registrants and the College. It has been consistently identified by registrants as one where they would appreciate guidance and information.

This checklist is designed to help you reflect on the process you use to obtain informed consent. You are free to use this independently and voluntarily as a guide for your own practice.

It is also used within the Competency Review and/or Competency Evaluation processes. The requirement to complete the Consent Checklist as part of Competency Review and/or Competency Evaluation, is a way for the College to ensure that you have reflected on your process regarding consent and have considered ways to enhance your practice.

Non-Clinicians:

If you do not provide any clinical services, please review and complete this checklist in the context of your current practice. You may want to use it as a review of your knowledge and understanding of the requirements regarding consent, and to consider the extent to which you apply the principles. Please indicate below if you understand and/or can apply the component of informed consent to your practice.

Name:

Registration Number:

Please indicate whether or not you provide any clinical service to clients. Please check one:

I do provide direct clinical service to one or more clients I do not provide any clinical service to clients

The following statements are intended to highlight the critical components of obtaining informed consent and to give you an opportunity to reflect on your current practice process. Please read each statement, reflect on your own process and identify any plans you have to change or improve your practice.

Components Of The Consent Process	This Component Is Part Of My Practice Process and / or I Understand And Can Apply This Component To My Practice				Reflect on Current Practice Process
	Al-ways	Some-times	Nev-er	Not Appli-cable	Identify Gaps / Plans for Change
Consent for Service / Release of Information					
1. I seek consent from the client or from a substitute decision maker for any service (assessment, intervention, consultation) and/or for access, collection, use, disclosure or correction of personal health information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

(see over)

Components Of The Consent Process	This Component Is Part Of My Practice Process and / or I Understand And Can Apply This Component To My Practice				Reflect on Current Practice Process
Consent for Service / Release of Information	Al-ways	Some-times	Nev-er	Not Appli-cable	Identify Gaps / Plans for Change
2. I provide my clients with information on the risks, benefits and alternatives related to my service, including the consequences of not participating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. I receive consent from my clients or their substitute decision makers for the type & scope of service provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. I regularly seek ongoing consent if the scope of my involvement includes ongoing service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. I provide an opportunity for my clients to ask questions and for me to answer them in a manner that they can understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. I document that I have received consent (written consent from the client is not required)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Capacity and Substitute Decision Makers	Al-ways	Some-times	Nev-er	N/A	Identify Gaps / Plans for Change
7. I follow the 3 steps to assess capacity including: When to Assess; Understanding the Information; & Appreciating Consequences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Upon determining incapacity, I identify a substitute decision maker and inform the client that the substitute decision maker will make the final decision related to the OT Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. I involve the client in discussions with the substitute decision maker whenever possible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. I inform the client that a review process is available should he/she be concerned about either the finding of incapacity or the choice of substitute decision maker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Additional Resources: Another useful reference and resource regarding consent has been developed by OSOT. "A Checklist for Obtaining Informed Consent" can be found on their website at www.osot.on.ca