



# Consent Checklist

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OTs are accountable for meeting practice standards. This Checklist is intended to facilitate discussions between the client, substitute decision-maker (SDM) and occupational therapist (OT). It serves as a resource for obtaining consent prior to providing occupational therapy service and collecting, using and disclosing personal health information. Not all the elements of consent are included in this Checklist. This Checklist should be used in conjunction with the **Standards for Consent** to ensure that performance expectations are met.

## **DETERMINING CAPACITY - The client is:**

- Capable
- Incapable – Use the hierarchy of substitute decision-makers to confirm SDM

## **OCCUPATIONAL THERAPY SERVICE – The discussion with the client/SDM includes:**

- Scope and reason for service
- Purpose and nature of intervention
- Benefits and material risks
- Consequences of not proceeding with intervention(s)
- Opportunity for the client/SDM to ask questions and receive responses
- Alternate courses of action
- Opportunity for the client/SDM to withdraw consent
- Financial arrangements

## **COLLECTION, USE, AND DISCLOSURE OF PERSONAL HEALTH INFORMATION (PHI) – The client/SDM understands:**

- The purpose of the collection, use and disclosure of PHI
- The ability to withdraw consent

## **PARTICIPATION OF OTHER CARE PROVIDERS - The client/SDM understands:**

- Involvement of other care providers (students, support personnel, and others)

## **WITHDRAWAL OF CONSENT – I have confirmed:**

- Client/SDM understands the right to withdraw consent

## **THIRD PARTY CONSENT (if applicable) – I have confirmed:**

- The third party has applied an informed consent process

## **REFERRALS FROM THIRD PARTY PAYERS AND INDEPENDENT EVALUATIONS – I have confirmed:**

- Informed consent for service was obtained
- Knowledgeable consent for PHI was obtained

## **DOCUMENTATION - The record includes:**

- Client/SDM's understanding of service
- Risks and benefits discussed
- Modifications or limitations to occupational therapy service
- Client/SDM agreement to service
- Use of interpreter or alternate means of communication
- Withdrawal of consent

## **Options for documentation:**

- A note in the client record and/or
- A copy of the consent form - dated and signed and/or
- A reference to a consent policy or procedure that describes the consent process used