Sphinx Healing Services Edmonton, Alberta Consent Package



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CONSENT PACKAGE

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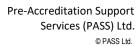
INFORMED CONSENT ADVISORY

It is policy at Sphinx Healing Services that our request for your consent be given voluntarily at all times and only with a clear understanding of the reason and need for your consent. You are entitled to withhold or revoke your consent at any time and it is your right to fully understand the meaning and consequences of your decision.



ADMISSION AGREEMENT

| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
|--|--|
| | (Case Worker) of (Child and Family Services or |
| DFNA authority) that Healing Services program on | (client name) be admitted to the Sphinx |
| with the client, family and/or guardian, cultural restrollowing a thirty (3) day period. The consent of the and if over twelve (12) years of age is welcon and for Sphinx Healing Services to provide service progress reports will be reviewed every three (3) rearlier at the request of the client and/or legal referring issues and progress of goals in relation and used for statistical purposes. Identifying | g (Service) Plan will be determined in coordination sources (if requested) and other important persons he parent/legal guardian and client is a requirement med in order for a Healing Plan to be developed ces and treatment. The agreed Healing Plan and months following the initial assessment report and/or I guardian. As a part of the Healing Plans, the to those areas will be assigned a numeric value information will not be distributed without prior the ability of Sphinx Healing Services to provide |
| of Courage Model; work with members of the famiof means (questionnaires, documents, etc.). voluntarily when requested and it is with your consent at anytime. Additionally, you hat this service at any time. It is also your | approach, Client-Centred Theory and the Circle ly; and, to gather relevant information using a variety Please be aware that consent must be given nin your right to withhold and/or revoke ave the right to refuse service and/or to terminate right to understand the meaning and concerns regarding the service plan, progress the Director. |
| Caseworker Name (print) | Caseworker Signature |
| Client Name (print) | Client Signature |
| Witness Signature | Date |





INDIGENOUS / CULTURAL RESOURCES

All clients at Sphinx Healing Services are supported and encouraged to access support systems. It is part of your right to be connected with an Indigenous Resource Person and/

| or a resource person connected to your connected | nmunities to whom you belong or wish to gain more |
|--|---|
| Do you wish to be connected with the Indig YES NO Do you wish to be connected to a resource YES NO | |
| What would you like assistance with? (Chelling Case Plan Goals Obtaining Treaty Status Card Cultural Information/Resources Education/Funding Referrals Ceremonies/Traditional Activities Other: | eck all that apply). |
| Caseworker Name (print) | Caseworker Signature |
| Client Name (print) | Client Signature |
| Witness Signature | Date |
| Date Referral Made | Contact person from cultural community |

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PEACEKEEPING PROCEDURE

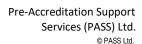
| Sphi | nx l | Healing | Ser | vices | believe | es in | all | person | s being | treate | ed fairly | and | prope | rly. | A com | nplaint |
|------|------|---------|-------------|---------|----------|---------|------|----------|------------|--------|-----------|------|-------|------|-------|---------|
| can | be | made | by | you, | your | family | / a | nd/or | anyone | who | believes | that | you | are | not | being |
| trea | ted | properl | y. <i>P</i> | As a cl | ient, yc | ou have | e th | e follov | wing right | ts: | | | | | | |

| to initiate a complaint and utilize the following procedures |
|---|
| to use the Child and Youth Advocate for support |
| to be fully involved in your care through participating in service planning |

Peacekeeping Procedures

- 1. The first step in this process is a discussion with the person and/or persons with whom the issue lies. You must ensure that you are comfortable in doing this and should you feel that you are not, it is within your right to as a family member and/or your guardian into this conversation. The actions decided in this conversation will be recorded in your daily logs.
- 2. If the issue does not feel resolved and/or there are other extenuating circumstances, you and/or your family or support person may request that the issue be reviewed by the Director who will do so within five (5) days of becoming aware of the concern. A summary of actions at this phase will be recorded in your file.
- 3. In the event that a resolution has not occurred, you, your family and/or a support person may make a written request for the involvement of an outside person (e.g. Case Manager, Children's Advocate, etc.) and appeal the decision above. This will serve as the final decision maker. This will be arranged by the Director, in consultation with you and will occur within five (5) days of your request. The outcome of the step will be relayed to everyone involved verbally within three (3) days of the meeting and in writing within two (2) weeks. Copies of the decision will be placed upon the employee and client files and given to those involved.
- 4. You can be assured that any staff member will not be involved in retaliatory action and/or creating barriers to service against you and/or an individual who is pursuing or who has pursued the grievance procedure.
- 5. Agency personnel shall alert and support residents in proceeding through the Peacekeeping procedure and of their right to contact the Children's Advocate.

The result of the grievance procedure should be that everyone understands what the problem was; come to a resolution of the problem and to find ways that a similar problem can be avoided in the future.





PEACEKEEPING PROCEDURE continued

If any family member, guardian or any member of the staff believes that you have been abused and/or otherwise mistreated while at Sphinx Healing Services, a report will immediately be You and others will be protected from further abuse and made to the Director. maltreatment and your CFSA/DFNA worker and/or family member will be immediately notified. Further decisions will be made by your CFSA/DFNA worker at that point.

The Children and Youth Advocate:

"Children and youth receiving services under the Enhancement Act or the PChIP Act who require the assistance of an advocate to ensure their concerns are heard and considered are al

| | rker Name (print) Jame (print) | Caseworker Signature Client Signature | |
|-----------------------------|--|---|-----|
| Casewo | rker Name (print) | Caseworker Signature | |
| | | | |
| | signature indicates that you ved your own copy. | u understand your right to the Peacekeeping procedure <u>and</u> ha | ıve |
| Website: <u>www</u> | | www.advocate.gov.ab.ca/youth | |
| Canada (toll free): 1-800-6 | | 1-800-661-3446 | |
| | Edmonton: | (780) 422-6056 | |
| | | | |

sign two copies - one in client file and one given to client.



BEHAVIORAL MANAGEMENT

Sphinx Healing Services believes in creating and maintaining a positive, safe and healthy environment. There will be behaviour management strategies utilized in the program that are designed to decrease and/or eliminate inappropriate behaviours while teaching more effective ways to manage difficult situations. The application of planned and consistent positive and negative consequences in response to appropriate and inappropriate behaviour is the basis of behaviour management.

Accepted forms -

Response Cost: - paying for, working off or replacing something damaged;

Time-Out: - creating space between yourself and the escalated situation;

Restriction of Privileges: - misuse of something may lead to loss of or restricted use;

Logical Consequences: - positive behaviour = positive reward and the opposite;

Positive Practise: - relearning and practising positive responses to situations;

Intrusive Measures: - used as a last resort to ensure the safety of the child or others. This

may include monitoring, searches, confiscating property, etc.

Restrictive Procedures: - used in emergency situations only where intrusive measures do not

protect safety or wellbeing of the child or others. This may include

use of physical escorts.

| METHOD | YES | NO | EMERGENCY |
|------------------------|-----|----|-----------|
| Response/Cost | | | |
| Logical Consequences | | | |
| Time-Out | | | |
| Positive Practice | | | |
| Intrusive Measures | | | |
| Restrictive Procedures | | | |

Please indicate by initialling the approved strategies.

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BEHAVIORAL MANAGEMENT continued

Prohibited forms -

The agency absolutely prohibits the use of or teaching of the following:

- corporal punishment;
- engaging in any form of conduct which is intended to ridicule, humiliate, degrade, insult, and/or otherwise undermine the dignity or self-worth of a client;
- mechanical restraints, chemical and/or pharmaceutical restraints;
- group punishment** for one individual's behavior (** this will be interpreted from the intent
 rather than the effect of the consequence as it is understood that in the context of promoting
 group unity and positive peer culture, some consequences may impact the group. Other positive
 reinforcement will be provided to clients that had met expectations, however, the group reward
 will not be offered);
- medication for punishment;
- intentionally harmful or abusive practices;
- locked confinement;
- sleep deprivation;
- withholding of meals or food;
- withholding and/or denial of the right to spiritual observances;
- withholding and/or denial to the right of access to family, the CFSA/DFNA worker, the Children's Advocate, and/or a lawyer.

| | <u></u> |
|-------------------------|----------------------|
| Caseworker Name (print) | Caseworker Signature |
| Client Name (print) | Client Signature |
| | |
| Witness Signature | Date |



RELEASE OF INFORMATION

| In order to provide ongoing services to Sphinx Healing Services, | (client's name) by the | | | | | | |
|--|---|--|--|--|--|--|--|
| | O and is effective up to and including six (6) te of admission. | | | | | | |
| ☐ Medical Doctors (including dentist, fa | | | | | | | |
| Mental Health Professionals (including psychological, psychiatric, counselors, etc.) Names: | | | | | | | |
| Academic/Employment (including school, day program, employers, etc.) Names: | | | | | | | |
| | g Elders, church members, etc.) | | | | | | |
| From and to other resources (please check box | for agreement): | | | | | | |
| ☐ Community Resources (including rec Names: | reation, programs and/or services) | | | | | | |
| | | | | | | | |
| Caseworker Name (print) | Caseworker Signature | | | | | | |
| Client Name (print) | Client Signature | | | | | | |
| Witness Signature | Date | | | | | | |



FREEDOM OF INFORMATION ADVISORY

As part of services with Sphinx Healing Services, personal information will be shared and gathered regarding you either from you personally and/or through the voluntary and time limited consent that you have given to share information from and to other sources. Through the Freedom of Information and Protection of Privacy Act (FOIP), the Personal Information Protection Act (PIPA) and the Personal Information Protection and Electronic Documents Act (PIPEDA) you are assured of the following rights:

- Any information collected, used and disclosed is protected and held in confidence and used only for purposes of a therapeutic value in accordance with the Sphinx Healing Services program policies.
- Every effort is made to ensure that information is without inaccuracies and is complete.
- Persons served have the right to access information authored by Sphinx Healing Services employees that is contained in the file to determine any errors or omissions.
- Should there be dissatisfaction with access granted by agency policies and procedures, a more formal request can be made through the Privacy and Information Commissioner.
- The right to have corrected any errors or omissions about their personal information, or if the correction is refused, to document the request and the reason for denial in the file. The client and/or guardian have the right to make a complaint to the Information and Privacy Commissioner of the Freedom of Information and Protection of Privacy Branch of Alberta Children's Services.
- Should an error or omission be recognized and corrected, Sphinx Healing Services will advise any third party who was given the incorrect information in the past twelve (12) months.
- Information collected must come directly from the client, family members unless otherwise authorized.
- The right to know the intended use of the information and to whom it might be given.
- Personal information must be kept for a minimum of ninety-nine (99) years.
- Personal information will be disclosed without consent if the following conditions apply:
 - 1. The receipt of a legal subpoena.
 - 2. A medical emergency.
 - 3. Any information that suggests that child abuse and/or neglect has occurred. There is a legal obligation to report information to Alberta Children's Services.
 - 4. A specific court order or by the Minister of Children's Services.
- Consent must be in writing and is completely voluntary and time limited.
- The right to speak with the Director or contact the Information and Privacy Commissioner if there remain questions about information collection.

A signed copy of this document will remain on file and a copy will be given to you for your information. Please note that a signature below indicates you have been read and understand the above information.

| Caseworker Name (print) | Caseworker Signature |
|-------------------------|----------------------|
| Client Name (print) | Client Signature |
| Witness Signature | Date |

Client Name (print)

Witness Signature

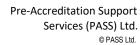


RECREATIONAL CONSENT and ADVISORY

Sphinx Healing Services offers the opportunity for clients to be involved in a variety of recreational pursuits. Due to the nature of some activities, some pursuits may have associated risks with participation; however, all endeavors will be done with safety precautions being a priority. **Activities:** (check mark beside the activity indicates consent by parent/guardian to participate) □ **Swimming** - clients will be actively supervised at all times while partaking; ☐ Camping - trips are planned with the assistance of the Indigenous Resource worker and skills will be taught on site; ☐ Horseback Riding - clients will be actively supervised at all times while partaking; **Traditional Ceremonies** - sweats, prayer, tanning of hides, etc. Other Waiver of Liability: It is fully understood by the undersigned (being the client/parent/guardian) that there is an element of risk in all recreational activities and the participant (client) is doing so at their own risk. It is the responsibility of Sphinx Healing Services to advise the client and parent/guardian as to the proper apparel/equipment required for the activity and the responsibility of the client/parent and/or guardian to provide such equipment. All safety equipment shall be worn by all participants at all times while engaging in any above activity. _____, (client) and ______ (parent/guardian) agree to identify and save harmless by signing this waiver that Sphinx Healing Services, its officers, agents, servants and employees against and from all loss, costs, claims or demand in respect of any injuries, losses and/or damages while on the premises or engaging in any activity. Sphinx Healing Services, its officers, agents, servants or employees assume no responsibility for any loss, costs, claims or demands in respect of any injuries, loss or damage howsoever caused while the undersigned, his/her family and/or friends are on the premises or engaging in any activity. By signing below, I understand and agree to the above conditions and activities and understand and accept the risks. Caseworker Name (print) Caseworker Signature

Client Signature

Date





CONSENT TO PUBLISH

| | f Information and Protection of Privacy (FOIP) Act, your consent to publish/display your image, | | | | | |
|--|---|--|--|--|--|--|
| information or work outside of the agence provided there is not any identifying information. | cy. Photographs are permitted to be displayed in the house rmation. | | | | | |
| | ifying information (first names and last initial only) be in a public forum, Sphinx Healing Services cannot her distribution and use of the materials. | | | | | |
| The intended use of the (magestate of the) | aterial) is for: | | | | | |
| | | | | | | |
| Consent | | | | | | |
| fully understand the above informatio publish the above (image recordings, p only for this one event and purpose and | and/or legal guardian) of the person identified below n. I voluntarily give Sphinx Healing Services consent to hotographs or work) as described above. My consent is I reserve the right to revoke my consent at any time prior to ation of the processes and understand and accept the risks | | | | | |
| Caseworker Name (print) | Caseworker Signature | | | | | |
| Client Signature Client Signature | | | | | | |
| Witness Signature | Date | | | | | |



CONSENT TO TRANSPORT

Due to the nature of children and youth served at Sphinx Healing Services and the location of the program, any and all employees may, from time to time, be expected to transport clients as part of their position expectations. Volunteers and practicum students are not authorized to transport clients. It is the responsibility of all employees will be familiar with and practice the following:

- any vehicle, belonging to the agency and/or employee will be driven in a safe and responsible manner;
- each passenger will be secured by seatbelts and/or a properly installed car seat/booster seat if under 36 kilograms/80 pounds as required by provincial transportation law;
- employees that use their personal vehicle shall ensure that their insurance company is aware of the terms and conditions of their employment as it relates to transporting clients and will maintain a minimum of \$2,000,000 liability and/or other endorsements required;
- prior to transporting clients, all employees are required to submit verification of automobile insurance coverage, valid driver's license and a current driver's abstract. Verification of these documents is required every two years;
- personal vehicles used to transport clients will be maintained in reasonable working condition at all times including annual preventative maintenance and visual checks every time a child is transported. Documentation of this information will be provided to the program;
- agency owned, leased and/or rented vehicles will undergo regular scheduled maintenance and be subject to annual safety checks;
- all agency vehicles used to transport clients will contain a first aid kit, written procedures for emergency situations and documentation of insurance and registration.

Consent

| l, | (Caseworker | name) | fully | understan | d the | above |
|---|-------------|--------------|----------|------------------------|---------|----------|
| information and in full agreen consent to transport | | • | _ | Sphinx | Healing | Services |
| My consent is valid fromaforementioned individual. I have read and accept the risks involved. | | (date | | th to the processes | _ | |
| Caseworker Name (print) | | Casework | er Signa | ture | | |
| Client Name (print) | | Client Sign | nature | | | |
| Witness Signature | | Date | | | | |



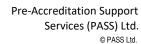
CONSENT TO MONITOR

In compliance with the Freedom of Information and Protection of Privacy (FOIP) Act, Sphinx Healing Services is advising that monitoring equipment such as sound equipment, motion detectors, interior cameras (non-recording) and alarms may be utilized in certain cases as deemed necessary for the safety and protection of all clients and employees at Sphinx Healing Services.

At present, current monitoring equipment is installed in the building and is used to advise employees of unauthorized access and/or exit from the building and to monitor movement of clients specific to personal safety. It should be noted that information gathered by the monitoring equipment will not be recorded electronically, however, may be documented in daily reports for the purposes of follow-up.

Consent (Caseworker name) fully understand above information and in full agreement. I voluntarily give Sphinx Healing Services consent to use monitoring equipment as explained above. My consent is valid from _ (date) through to the discharge of the aforementioned individual. I have received a full explanation of the processes and understand and accept the risks involved. Caseworker Name (print) Caseworker Signature Client Name (print) **Client Signature** Witness Signature Date

Witness Signature





CONSENT FOR MEDICAL ASSISTANCE

In order to ensure the health and safety of individuals accessing services, Sphinx Healing Services is required to gather current medical information including your consent to administer prescribed and over-the-counter (OTC) medications. Our policies and practice ensure that any contraindications are assessed and avoided should the circumstance arise where OTC medications are required. Additionally, if the child or youth utilizes health or adaptive equipment (ie. hearing aid, mobility devices, etc.), we are required to have a clear understanding of how to support.

Diagnosis:

Medication Prescribed:

Name:

Dose:

Dose:

| Medication Information: | |
|---|---|
| Hoolth and for Adoptive Equipment | |
| Health and/or Adaptive Equipment – 1. 2. | |
| | the aforementioned equipment is: |
| voluntarily give Sphinx Healing Services consent to use t | |
| administer medication(s) (please | e initial boxes) support in the use of health or adaptive equipment |
| Caseworker Name (print) | Caseworker Signature |
| Client Name (print) | Client Signature |

Date