



CONSENT PACKAGE



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 _____ (client name) be admitted to the Sphinx Healing Services program on _____ (date).

The reason for admission and the projected Healing (Service) Plan will be determined in coordination with the client, family and/or guardian, cultural resources (if requested) and other important persons following a thirty (3) day period. The consent of the parent/legal guardian and client is a requirement and if over twelve (12) years of age is welcomed in order for a Healing Plan to be developed and for Sphinx Healing Services to provide services and treatment. The agreed Healing Plan and progress reports will be reviewed every three (3) months following the initial assessment report and/or earlier at the request of the client and/or legal guardian. As a part of the Healing Plans, the referring issues and progress of goals in relation to those areas will be assigned a numeric value and used for statistical purposes. Identifying information will not be distributed without prior consent and will be mainly used to establish the ability of Sphinx Healing Services to provide effective and appropriate services.

Your signature authorizes Sphinx Healing Services to provide milieu based therapy in a family based setting using a Trauma Informed approach, Client-Centred Theory and the Circle of Courage Model; work with members of the family; and, to gather relevant information using a variety of means (questionnaires, documents, etc.). Please be aware that consent must be given voluntarily when requested and it is within your right to withhold and/or revoke your consent at anytime. Additionally, you have the right to refuse service and/or to terminate this service at any time. It is also your right to understand the meaning and consequences of your decision. Any concerns regarding the service plan, progress reports and/or any other matter can be directed to the Director.

I have read, understand the above and it has been verbally explained to me.

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 cultural community.

Is there specific cultural community/communities to whom you belong or wish to gain more information? _____

Do you wish to be connected with the **Indigenous Resource Person**?

☐ YES

☐ NO

Do you wish to be connected to a resource person from your **cultural community**?

☐ YES

☐ NO

What would you like assistance with? (Check all that apply).

☐

Case Plan Goals

☐

Obtaining Treaty Status Card

☐

Cultural Information/Resources

☐

Education/Funding

☐

Referrals

☐

Ceremonies/Traditional Activities

☐

Other: _____

Caseworker Name (print)

Caseworker Signature

Client Name (print)

Client Signature

Witness Signature

Date

Date Referral Made

Contact person from cultural community



PEACEKEEPING PROCEDURE

Sphinx Healing Services believes in all persons being treated fairly and properly. A complaint can be made by you, your family and/or anyone who believes that you are not being treated properly. As a client, you have the following rights:

- ☐ 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 ask 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 made to the Director. You and others will be protected from further abuse and 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 entitled to the assistance of an Advocate from the Office of the Child and Youth Advocate. The Advocate will represent and ensure the rights, interests and viewpoints of individual children and youth are respected.” – The Children and Youth Advocate website (as below)

Edmonton: (780) 422-6056

Canada (toll free): 1-800-661-3446

Website: www.advocate.gov.ab.ca/youth

Your signature indicates that you understand your right to the Peacekeeping procedure and have received your own copy.

Caseworker Name (print)

Caseworker Signature

Client Name (print)

Client Signature

Witness Signature

Date

* 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.



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.

Caseworker Name (print)

Caseworker Signature

Client Name (print)

Client Signature

Witness Signature

Date



RELEASE OF INFORMATION

In order to provide ongoing services to _____ (client's name) by the Sphinx Healing Services, I _____ (Caseworker) authorize the release and gathering of information, including written and verbal reports in order to enhance the coordination of services and provide appropriate care. This agreement was signed on _____, 20__ and is effective up to and including six (6) months post discharge or one (1) year from date of admission.
From and to professional resources (please check box for agreement):

- ☐ Medical Doctors (including dentist, family doctor, optician)

Names:

- ☐ Mental Health Professionals (including psychological, psychiatric, counselors, etc.)

Names:

- ☐ Academic/Employment (including school, day program, employers, etc.)

Names:

- ☐ Cultural/Spiritual/Religious (including Elders, church members, etc.)

Names:

From and to other resources (please check box for agreement):

- ☐ Community Resources (including recreation, programs and/or services)

Names:

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



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.

We, _____, (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 Name (print)

Client Signature

Witness Signature

Date



CONSENT TO PUBLISH

In compliance with the Freedom of Information and Protection of Privacy (FOIP) Act, Sphinx Healing Services is requesting your consent to publish/display your image, information or work outside of the agency. Photographs are permitted to be displayed in the house provided there is not any identifying information.

Should photographs, works, and identifying information (first names and last initial only) be released to any media or used in a public forum, Sphinx Healing Services cannot prevent the reproduction of and/or further distribution and use of the materials.

The intended use of the _____ (material) is for: _____

Consent

I, _____ (client, parent and/or legal guardian) of the person identified below fully understand the above information. I voluntarily give Sphinx Healing Services consent to publish the above (image recordings, photographs or work) as described above. My consent is only for this one event and purpose and I reserve the right to revoke my consent at any time prior to publication. 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



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

I, _____ (Caseworker name) fully understand the above information and in full agreement. I voluntarily give Sphinx Healing Services consent to transport _____ (client name).

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



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

I, _____ (Caseworker name) fully understand the 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



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:

Medication Information:

Health and/or Adaptive Equipment –

1.

2.

3.

Specialized training/ instruction required for the use of the aforementioned equipment is:

Consent

I, _____ (Caseworker name) fully understand and agree to the above information. I voluntarily give Sphinx Healing Services consent to use the following medical assistance for:

(client name) _____ (please initial boxes)

☐ administer medication(s) ☐ support in the use of health or adaptive equipment

Caseworker Name (print)

Caseworker Signature

Client Name (print)

Client Signature

Witness Signature

Date