

Société Alzheimer Society

BRANT, HALDIMAND NORFOLK,
HAMILTON HALTON

Policy Name: Consent	
Policy Number: ORG-1.8	Pages: 3
Last Reviewed: November 2023	For Review: November 2025

Purpose:

To facilitate client's rights in compliance with relevant legislation and professional regulatory bodies.

Policy:

Informed consent must be obtained from all registered clients prior to collecting, storing and sharing information.

Staff will:

1. Ensure that registration forms include a disclosure statement requesting clients consent to collect and store their personal information for our confidential data collection purposes.
2. Explain the concept of Informed Consent to clients (or substitute decision maker); use clear and plain language to explain the reasons for obtaining informed consent and to explain the interventions for which informed consent may be obtained. Informed Consent may be either verbal or written.
3. Obtain consent from the client, or from the substitute decision maker, if the client is not capable of understanding the information, nor capable of appreciating the consequences of this decision.
4. Request consent from the client, or substitute decision maker, prior to documenting any information and making referrals to other organizations. All referrals are documented in the client record.
5. Use a Release of Information (ROI) form prior to releasing information. A ROI form is required for both oral and written consent.
6. Explain how the information will be used and stored and inform client or substitute decision maker about who will have access to their information.
7. Explain limitations of confidentiality and inform how the ASBHNHH will handle withdrawal of consent, withholding of consent, or limits placed on use of the personal information (including requirements by law).
8. Obtain consent to collect information and disclosure of PHI for InterRai CHA electronic collection.

Definitions:

- **Express Consent:** consent that has been clearly and unmistakably given. Express consent may be explicitly provided, either orally or in writing.
- **Informed Consent:** the process of providing the person with options and having the conversation about such options – not just the recommended treatment. For a person to give informed consent, they must be provided with:

- The information given about their condition.
- The recommended treatment.
- The expected benefits, material risks, and material side effects of the treatment.
- Alternative courses of action.
- The likely consequences of not having treatment. (Information from Ontario's Strategy for Alzheimer Disease and Related Dementia, Initiative #7: Advance Directives on Care Choices, Education Initiative: Advance Care Planning).

A health care provider may ask a client to consent to receive services and support before providing it. An informed consent can be said to have been given based upon a clear appreciation and understanding of the facts, implications, and consequences of an action in order to give informed consent. The individual concerned must have adequate reasoning faculties and be in possession of all relevant facts at the time consent is given.

- **Implied Consent:** consent, which is not expressly granted by a person, but rather implicitly granted by a person's actions and the factors and circumstances of a particular situation. A health care provider may only assume an individual's implied consent to collect, use, or disclose personal health information if ALL the following six conditions are satisfied:
 - The health care provider must fall within the category of health information custodians that are entitled to rely on assumed implied consent.
 - The personal health information to be collected, used, or disclosed by the health care provider must have been received from the individual, their substitute decision maker, or another health care provider.
 - The health information custodian must have received the personal health information that is being collected, used, or disclosed for the purpose of providing or assisting in the provision of health care to the individual.
 - The purpose of the collection, use, or disclosure of personal health information by the health care provider must be for the provision of health care or assisting in the provision of health care to the individual; a custodian may not rely on assumed implied consent if the collection, use, or disclosure is for other purposes, such as research, fundraising, marketing, or providing or assisting in the provision of health

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care to another individual or group of individuals.

- In the context of disclosure, the disclosure of personal health information by the health care provider must be to another health care provider.
- The health care provider that receives the personal health information must not be aware that the individual has expressly withheld or withdrawn his or her consent to the collection, use or disclosure.

PHIPA distinguishes between implied consent and assumed implied consent. In the case of implied consent, custodians must ensure that all the required elements of consent are fulfilled, whereas in the case of assumed implied consent, custodians may assume that all the elements of consent are fulfilled, unless it is not reasonable to do so in the circumstances.

- **Release of Information (ROI):** the process of providing access to protected health information (PHI) to an individual or entity authorized to receive or review it.
- **Registered Clients:** those clients who have an electronic record of personal information at the ASBHNHH.

Scope:

The policy applies to all Society personnel.

Policy Review:

The Senior Leaders in the Society will review this Policy biennially. If there are legislated changes required, these changes will be made as close as possible to the effective date of the legislative change.