

Moose Jaw Autism Spectrum Disorder Program

Name:				HSN:	
DOB:				File #:	
	DD	MM/	YYYY		

Welcome to the ***Moose Jaw Autism Spectrum Disorder (ASD) Program***.

Our program is part of Southwest 3 Primary Health Care. We are excited to work with your family to support you in your child's development.

Terms of Service

As you and/or your child work together with our multi-disciplinary team of service providers, options for care and service will be explained. This will allow you to make informed decisions and set goals that are important to you and your child.

As part of providing services, your assigned Service Provider(s) will need to collect and record personal information that is relevant to your child's current service needs. We will learn about your child through clinical observation, interviews, and/or standardized testing where applicable.

A child's main job is play, this means sessions will be fun and the therapist will assess and learn about your child through play. Your sessions may take place off site in the community at places of play, such as the Moose Jaw Early Year's Family Resource Centre; at school or daycare; and possibly at Parks and Recreation Facilities such as the YARA or Kinsmen SportsPlex.

The ASD Team and their Areas of Focus

The service plan that you and your child develop with your Service Provider(s) will be documented and may be shared with current and future assigned members of your support team following all applicable legislation and release of information processes. As you and your child work through the goals you decide on, ongoing assessment occurs to ensure that your goals are met and that you can make informed decisions.

- **Occupational Therapy**
 - Fine Motor Skills (printing, coloring, cutting);
 - Self-care (dressing, bathing, feeding, hygiene, toileting);
 - Sensory Motor (crossing midline, bilateral coordination, organization of body in space);
 - Organizational skills (transitions, routines, planning, time management, attention); Sensory Regulation (sensitivity to movement, touch, sound, etc.);
 - Adaptive equipment (toilet seats, calming tools); and
 - Play social skills).

Areas of Focus – continued

- **Physical Therapy**
 - Balance;
 - Coordination; walking or crawling; and
 - Head shape.
- **Speech Language Pathology**
 - Language;
 - Communication;
 - Articulation;
 - Feeding; and
 - AAC devices.
- **Social Work**
 - Mental, Social and Emotional health of clients and families;
 - Funding and community resources; and
 - Connecting clients to other professionals.
- **Psychology**
 - Observations and consultations with multidisciplinary teams and community partners; and
 - Supports the ASD Consultant in supporting client's programming needs.
- **Autism Consultant**
 - Planning, development, organization and delivery of ASD services within the interdisciplinary team;
 - Receives and processes referrals for ASD; and
 - Facilitates and develops individualized program plans.

Program Policies, Practices and Parent/Caregiver Roles

Once a child enters into the program, they will remain on our active case list until the end of age 18. During this time, treatment and care plans will evolve as the child and their developmental needs change.

The ASD team will do their best to connect you to resources available in our community as well as resources available provincially.

The ASD team meets weekly to discuss best care options for our clients. Each child is special and has unique needs/goals so the plan may look different for each one.

The ASD Program develops a health record regarding services provided for all individuals. There are laws and policies that regulate how information is to be kept, when it can be shared and with whom. At any stage you are entitled to access the information about you/your child, kept on file, unless legislation provides otherwise.

Confidentiality is limited by requirements of the Criminal Code of Canada, the Child and Family Services Act, the Mental Health Services Act, and the Health Information Protection Act. Information will be released under the following circumstances:

- You request information to be shared with another individual or agency, and sign a release statement;
- There is reason to believe there is serious and imminent risk of harm to you or others;
- There is reason to believe that a child is in need of protection;
- Information is required by law or the Courts;
- Inpatient care or treatment is required at a mental health facility within the Saskatchewan Health Authority;
- There is reason to believe that you pose a risk to operate a motorized vehicle and/or an airplane.

Your child's file will be maintained in a secure location. Files will be retained as per SHA policy: "until the date of last service/discharge plus 10 years or until patient is 20 years old, whichever is longer", depending on when your child entered the program. If you feel unclear at any time about the issue of confidentiality, or would like a copy of these regulations, please let us know.

We may ask your permission to allow a health services student to join or lead activities and sessions. Participation is optional.

Your Service Provider(s) may be in a provisional/probationary period, and will be working under the direct supervision of a fully qualified supervisor.

Supervision is provided to all staff, and thus, files may be reviewed for supervision purposes.

Please let us know if you have any concerns regarding these processes, if applicable.

Expectations of Parents / Caregivers

It is important to provide a safe environment for all clients and staff. Please do not use your phone during a session; it is important for your child that you fully participate in the visit.

Saskatchewan Health Authority has a scent free policy; we ask you to refrain from using scented products. Thank you for your attention to these important details.

The **Autism Spectrum Disorder Program** has a large list of clients waiting for assessment, diagnosis, and intervention treatment. Your scheduled appointments is important. Please: arrive early, be prepared for each appointment with required documents/homework; and avoid cancellations unless you or your child is ill.

To help support you, a social worker, autism disorder consultant, or manager may reach out to learn more about what is making it challenging for you to attend appointments.

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Parent Agreement

1. I will participate in the therapy sessions and disclose any medical reason why my child's participation in the program might be limited.
2. I will let the clinic know if I, or my child, is ill prior to our appointment
3. I will work collaboratively with the therapist(s) to address behavioral issues that affect the outcomes of therapy sessions.
4. I will remain with my child, under the age of 14, for entire session. Please consider ensuring children have eaten, used the bathroom and are wearing comfy clothes. This will support a positive experience in each treatment session.
5. No cell phones during sessions. Your child needs your full attention during treatment session.
6. I agree to the participation of Saskatchewan Health Authority therapist/therapy assistants/support workers/students in all settings, when requested, in order to ensure quality services are delivered to our clients.
7. I agree to receive services for my child through telehealth (phone and/or video) if required. For example; COVID 19, poor weather, roads.
8. I acknowledge and agree that digital collection of data as well as, telehealth comes with inherent risks of privacy security and that while all reasonable measures are taken to secure my personal health information, no technology interface is fully secure.
9. When cancelling an appointment, please provide 24 hours' notice by calling (306) 691-2308

I understand the above terms of service as explained to me and/or my child. I also understand that I may ask for a review of these terms at any time and have the right to ask questions about the services I or my child receives, to make my own suggestions and to discontinue services at any time.

Name of Client (please print)			
Signature of Client:		Date: d/m/y	
Legal Guardian/ Representative (if applicable)		Date: d/m/y	
Service Provider/ Clinician:		Date: d/m/y	