



College of  
**Speech and Hearing**  
Health Professionals of BC

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Regulator of Audiologists, Hearing Instrument  
Practitioners and Speech-Language Pathologists

## **CLIENT CONSENT**

Information for Registered Hearing Instrument Practitioners

# Client consent

What do you need to know?

What's new in client consent?

Why is consent important?

How does properly obtained and documented client consent protect both you and your client?

What problems can arise if you don't have proper consent?

# Client consent: The Basics

Express consent

Implied consent

Informed consent

Minor health care

Major health care

Where do we fit?

Two types of  
consent

Consent to share  
information

Consent to care  
and services

# Consent and Documentation



Consent and documentation are close cousins. If it isn't documented it does NOT exist.



They cannot be separated from each other and are both very important in the consent process

# Consent to share information



TO THIRD PARTIES:  
PHYSICIANS, INSURANCE  
COMPANIES



TO FAMILY



TO SIGNIFICANT OTHERS  
OR FRIEND



POWER OF ATTORNEY

# What if I don't have consent to share information or I haven't documented it?



You must not share any confidential information verbally, electronically or in writing unless you have consent to share information!



You should go back and obtain consent whenever possible and if it is not on a prescribed form the document it in the client file



Include: who, when, why in your documentation and sign and date the entry



You cannot get consent after the fact if the client becomes incapable of giving you consent



Where can you get more information?

Documentation & Record Management

# Clinical consent



- ▶ Obtaining informed, express consent:
  - ▶ For all assessment or treatment that poses any risk to the client, even if the likelihood of complications is low
  - ▶ May include standard assessments or riskier procedures such as ear impressions
  - ▶ Can be obtained verbally and then documented OR on a prescribed form?
    - ▶ The risk of a form is that it isn't 'informed' if it isn't an ongoing process! Continuing dialogue is very important
    - ▶ It is only valid for 12 mos. or sooner if the treatment changes



# Who can obtain clinical consent?



Active Registrants

It should be whomever is providing the care or service  
It must be the registrant who is familiar with the case



Conditional Active Registrants



Students



Communication Health Assistants



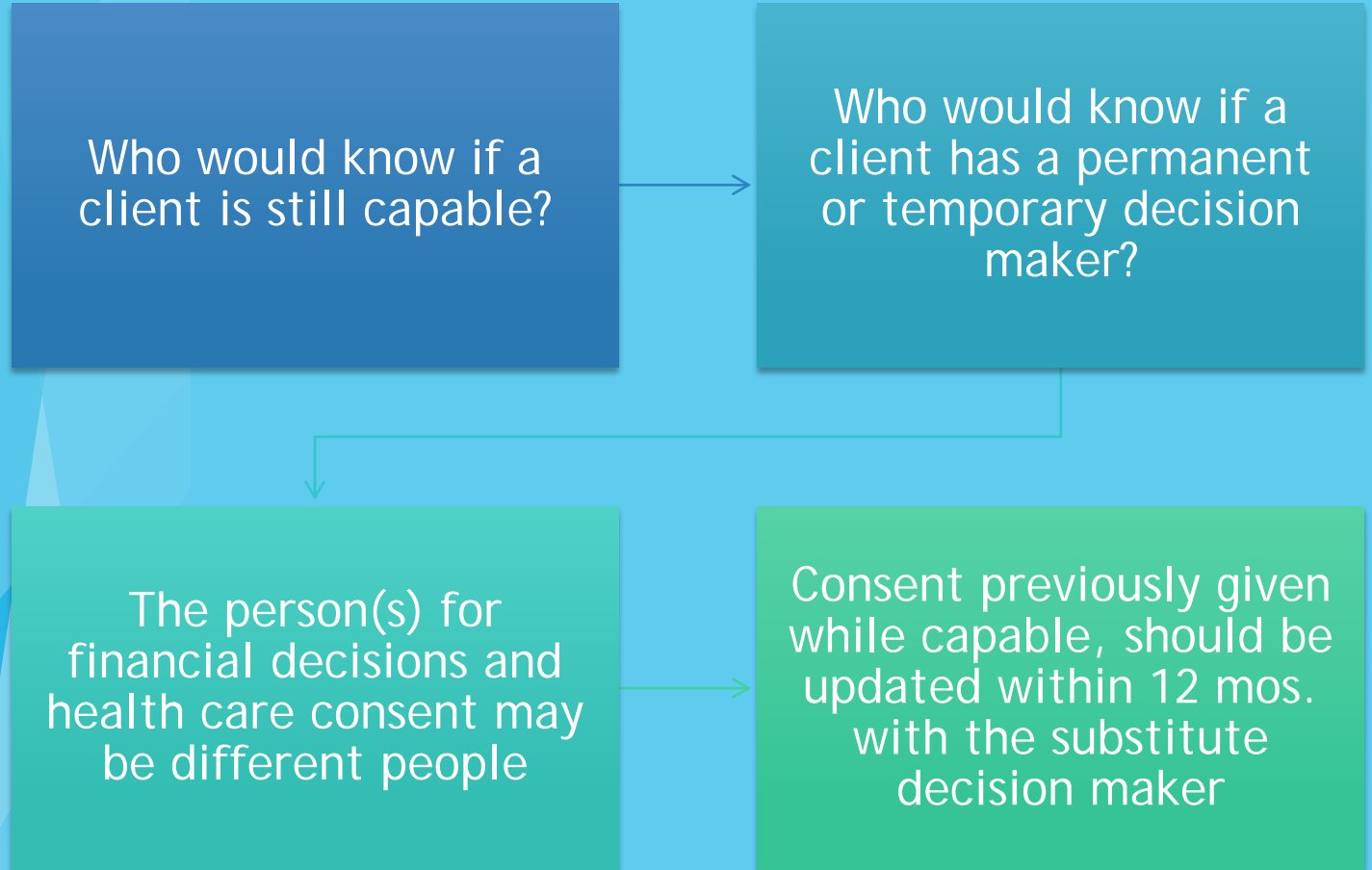
May assist in the process but must not be responsible for the overall process or be the signatory on the consent

# Who can provide consent for sharing information or for clinical services?



- ▶ The client, if they are capable
- ▶ A representative or substitute decision maker if required
  
- ▶ The client is under no obligation to share their information with family, friends or third parties!
- ▶ Consent to one or more persons or for any services can be revoked at any time
- ▶ Consent to be seen by: conditional active registrants, students or CHAs must be obtained and the client can refuse

# Capability and Substitute Consent

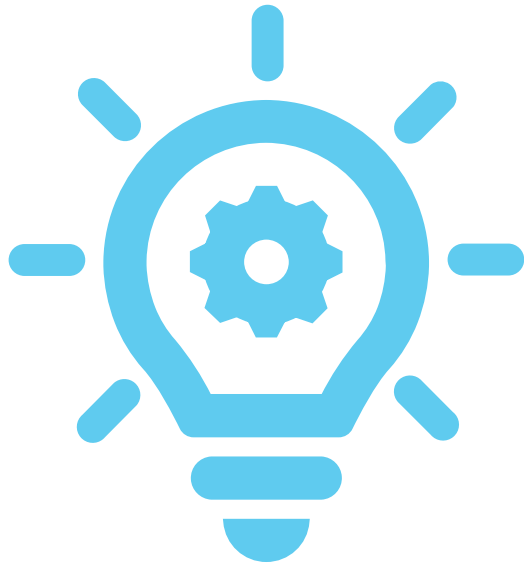


# Assessing Risk and Probability of Occurrence to properly describe risks and benefits



- ▶ Questions to answer for yourself:
  - ▶ What are the benefits to care?
  - ▶ What are alternatives to the care you are proposing?
  - ▶ What are the risks to the client?
  - ▶ What is the severity of the risk?
  - ▶ What is the likelihood of any risk occurring?
    - ▶ What are you doing to mitigate the risks?

# Scope and Duration of Consent



- ▶ For clinical services dialogue should be ongoing to be INFORMED
- ▶ New or changing: results, plan for care, additional testing, external referrals all warrant further conversation and updated consent
- ▶ 12 months is maximum
- ▶ Consent can be revoked or changed at ANY time

# Validity of consent for those with Communication and Related Delays and Disorders



1. Having a communication disorder (including a hearing loss) does NOT mean the client is incapable of making decisions on their own!



2. It is imperative that the client has their communication devices (or alternative) available to them including hearing assistance



3. You must know the client's: level of understanding; usual mode of communication; equipment needs and other supports (e.g. interpreter)

How can we help our clients ?

# Make sure that:

Significant others know the person's level of communication with and without their hearing aids or other devices

Reports to physicians and other care providers indicate the client's need for their hearing aids in order to communicate effectively

The client knows how much they miss in a conversation without their hearing aids

You always do your best to create a good communication environment for the client (low noise, good lighting)

You double check that your message has been received (e.g. asking open ended questions)

# Is having a set form the answer?

- ▶ Consent forms are useful but they do have the potential of being used 'one time only' and not kept current
- ▶ The client's ability to revoke consent at any time and for any service must also be considered if a set form is being used
- ▶ Consent to being seen by students, interns and CHAs (support personnel) may not always be listed on consent forms
- ▶ Finally, consent to clinical services (including by whom) is one part of consent - sharing of information with others is also critically important and may change over time