

CONSENTING TO AN AUTISM ASSESSMENT

Please read this form carefully and discuss it with me.

An autism assessment involves several procedures that are designed to help me, the psychologist, come to a **diagnostic opinion**. The methods used to address whether a person meets the criteria for autism are determined by a provincial committee in accordance with international standards of practice and the best evidence available. Presently this **requires**:

- Parent interview (Autism Diagnostic Interview – Revised),
- Social interaction with the child or youth (Autism Diagnostic Observation Schedule – 2nd Ed.),
- Developmental assessment in younger children, and
- Review of medical, educational, and/or other records you make available to me.

If I require more information to formulate my opinion, an assessment **may also include**:

- Interviews with other people that you identify,
- Questionnaires, or
- Direct testing or other clinical observations.

While the benefits of assessment are generally easily recognized, there are **risks to assessment**, including, but not limited to:

- Not receiving the diagnosis or answer that you expected,
- Receiving an unexpected diagnosis, and
- The fact that your child may not enjoy the assessment process.

While your confidentiality is of the utmost importance, and is more protected within a private practice than a publicly funded service, there are legal **limits to confidentiality**:

- I will document the services in your child's electronic file (and you will receive a report documenting my services),
- Where there is an identifiable risk of harm to self or others, I must notify people or authorities who are able to maintain safety,
- All British Columbians are required to report any reasonable belief of the likelihood of abuse or neglect under the *Child, Family, and Community Services Act*,
- If there are other legal guardians, they may have access to the file,
- Practice records may be shared if ordered by a court, and
- Other legal requirements that may exist that require disclosure.

Records will be maintained for 7 years after your child reaches adulthood (essentially until age 26).

As discussed, and as published on my website, you agree to cover **the fee for an autism assessment (\$2800)**, regardless of whether your child or youth receives an autism diagnosis. Reports and other documentation are released upon payment of the invoice. The fee does not include:

- Attendance at meetings with other professionals or with the school,
- Time spent performing other services you may request of me.
- Psychological treatment.
- My participation in future legal proceedings.

Sometimes, information from other people is necessary. This might include physicians, teachers, other health care providers, or others.

- Please list **people/agencies from whom I can collect information/documentation, or interview.**
- Then initial beside their name under "Collect".
- Then initial in the "Disclose" column to indicate to whom I can send a copy of the final report. The legal guardian will automatically receive the report.

Name	Contact Information <i>(NOT required for schools, physicians, or other health professionals)</i>	Collect <i>(Initial)</i>	Disclose <i>(Initial)</i>

Please sign below if you have had the opportunity to discuss these details. You can review this and have the right to revoke your ongoing consent at any time.

Child/Youth's Name: _____ DOB: _____

Legal Guardian's Name (print): _____

Mailing Address: _____
Street *City* *Postal Code*

Consenting Signature: _____ **Date:** _____

Consenting Signature represents:

- Legal Guardian
- Mature minor (if and only if they are the active decision maker in the assessment)

Please initial here if you consent to us emailing the report and related documents to you: _____

For office use only:
 This form was discussed with the client/family by:

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