**Consent for Treatment Plan**

- Is an outline of what the therapist proposes to do in the treatment session
- Includes pre-treatment assessment, cost and duration of the treatment
- Described in language that the client can understand
- Required by law
- Therapist will describe in detail what the treatment will entail
- This makes the client more aware of what they are about to experience and leaves nothing to the unknown
- Gives enough information about the potential risks and benefits of the treatment
- Give the client a sense of control and choice in the situation
- Therapist will then inform the client of the following:
    - All information is confidential
    - Gathering this information is necessary to create a safe and effective treatment
- Therapist review health history information with the client
- Therapist asks questions pertaining to specific notation on the health history form

**Consent to Assess**

- Assessment give the therapist an idea of which soft tissue condition the client could be experiencing and what specific structure are involved
- Assessment includes:
    - Verbal health history information
    - Observations
    - Palpations
    - Testing done by the therapist (touching and moving the client)
- If testing is required the therapist must …
    - Briefly explain the test and positions and movements of the client
    - Explain that testing may temporarily exacerbate their symptoms
    - Ask client to report any symptoms they experience
    - Ask the client if they have any questions
    - Do they agree to the assessment

**Consent to Treat**

- The therapist lets the client know of the goals of that days treatment (reduce pain, increase ROM etc.)
- Client needs to know what position they will be in for the treatment
- Therapist lists the areas of the body that will be worked on (a brief explanation might be necessary for certain structures)
- If the client is uncomfortable having a certain area worked on that day they can have it omitted from the treatment
- Benefits of the treatment should be given to the client
- Side effects and risks of the treatment should be mentioned as well
- Client should be made aware of the alternatives to the treatment and the consequences of not having the treatment
- The client is then made aware that they can undress down to their comfort level once the therapist has left the room.
- Client is instructed to get on the table (in the position discussed earlier) with one sheet under them and a sheet and blanket on top to cover them up
- Client is made aware that they will be covered at all times and only the area of the body that is being treated at that time will be undraped

- Client is informed that the pressure of the treatment can be altered at any time (some time there may be some tender spots but on the whole the client should be comfortable with the pressure)
- Therapist should explain that there could be some uncomfortable techniques (TP work, frictions) but used with in the client's pain tolerance
- Client should be made aware that they could be uncomfortable after the treatment (bruising feeling) but that it is only temporary
- Therapist should explain the benefits of treatment
- If the client is elderly or disabled they should be asked if they need assistance getting on the table
- Therapist lets the client know that they can change or stop treatment at any time
- Do they have questions?
- Do they give their consent?

## HEALTH CARE CONSENT ACT

**No treatment without consent**

10. (1) A health practitioner who proposes a treatment for a person shall not administer the treatment, and shall take reasonable steps to ensure that it is not administered, unless,

(a) he or she is of the opinion that the person is capable with respect to the treatment, and the person has given consent; or

(b) he or she is of the opinion that the person is incapable with respect to the treatment, and the person's substitute decision-maker has given consent on the person's behalf in accordance with this Act. 1996, c. 2, Sched. A, s. 10 (1).

**Opinion of Board or court governs**

(2) If the health practitioner is of the opinion that the person is incapable with respect to the treatment, but the person is found to be capable with respect to the treatment by the Board on an application for review of the health practitioner's finding, or by a court on an appeal of the Board's decision, the health practitioner shall not administer the treatment, and shall take reasonable steps to ensure that it is not administered, unless the person has given consent. 1996, c. 2, Sched. A, s. 10 (2).

**Elements of consent**

11. (1) The following are the elements required for consent to treatment:

1. The consent must relate to the treatment.
2. The consent must be informed.
3. The consent must be given voluntarily.
4. The consent must not be obtained through misrepresentation or fraud. 1996, c. 2, Sched. A, s. 11 (1).

**Informed consent**

(2) A consent to treatment is informed if, before giving it,

(a) the person received the information about the matters set out in subsection (3) that a reasonable person in the same circumstances would require in order to make a decision about the treatment; and

(b) the person received responses to his or her requests for additional information about those matters. 1996, c. 2, Sched. A, s. 11 (2).

Same

(3) The matters referred to in subsection (2) are:

1. The nature of the treatment.
2. The expected benefits of the treatment.
3. The material risks of the treatment.
4. The material side effects of the treatment.
5. Alternative courses of action.
6. The likely consequences of not having the treatment. 1996, c. 2, Sched. A, s. 11 (3).

**Express or implied**

(4) Consent to treatment may be express or implied. 1996, c. 2, Sched. A, s. 11 (4).

**Included consent**

12. Unless it is not reasonable to do so in the circumstances, a health practitioner is entitled to presume that consent to a treatment includes,

(a) consent to variations or adjustments in the treatment, if the nature, expected benefits, material risks and material side effects of the changed treatment are not significantly different from the nature, expected benefits, material risks and material side effects of the original treatment; and

(b) consent to the continuation of the same treatment in a different setting, if there is no significant change in the expected benefits, material risks or material side effects of the treatment as a result of the change in the setting in which it is administered. 1996, c. 2, Sched. A, s. 12.

**Plan of treatment**

13. If a plan of treatment is to be proposed for a person, one health practitioner may, on behalf of all the health practitioners involved in the plan of treatment,

(a) propose the plan of treatment;

(b) determine the person's capacity with respect to the treatments referred to in the plan of treatment; and

(c) obtain a consent or refusal of consent in accordance with this Act,

(i) from the person, concerning the treatments with respect to which the person is found to be capable, and

(ii) from the person's substitute decision-maker, concerning the treatments with respect to which the person is found to be incapable. 1996, c. 2, Sched. A, s. 13.

**Withdrawal of consent**

14. A consent that has been given by or on behalf of the person for whom the treatment was proposed may be withdrawn at any time,

(a) by the person, if the person is capable with respect to the treatment at the time of the withdrawal;

(b) by the person's substitute decision-maker, if the person is incapable with respect to the treatment at the time of the withdrawal. 1996, c. 2, Sched. A, s. 14.