



Moose Jaw Autism Spectrum Disorder (ASD) Program Terms of Service Agreement

Collaborative Care

Our multidisciplinary team collaborates with you and your child to create meaningful, individualized goals. Services may include observation, interviews, standardized testing, and play-based sessions. Sessions can take place in the clinic, at school or daycare, or in community settings like the Family Resource Centre or local recreation facilities.

Areas of Service -

- **Occupational Therapy:** Fine motor skills, self-care, sensory regulation, routines, adaptive tools, and play-based social development.
- **Physical Therapy:** Balance, coordination, movement, and head shape.
- **Speech Language Pathology:** Language, speech, feeding, and communication support (including AAC).
- **Social Work:** Emotional and mental wellness, resource navigation, and referrals.
- **Psychology:** Observations and collaboration with care teams.
- **Autism Consultant:** Program coordination, referral management, and individualized plan development.

Service Availability Notice

While we strive to provide timely and consistent care, **please be aware that not all services may be available due to staffing levels.** Our team will do their best to prioritize urgent needs and connect you with available resources or alternate support options when possible. We appreciate your understanding and patience as we work to provide high-quality care to all families.

Confidentiality & Records

Your child's health information is confidential and stored securely, following SHA policies. It may be shared only:

- With your written consent.
- When required by law or for protection.
- If inpatient treatment is needed.
- If there is risk related to operating a vehicle/aircraft.
- For staff supervision and training purposes.

You may request access to your child's file unless restricted by legislation.

Participation & Supervision

Children remain in the program until age 18. Services adapt as needs change. Students or provisional staff may participate under supervision. You may opt out of student involvement.

Parent & Caregiver Expectations

- Actively participate during sessions—please do not use phones.
- Ensure children are rested, fed, and dressed comfortably.
- Follow SHA's scent-free policy.
- Be on time and complete assigned activities or homework.
- Notify us if your child is sick and cannot attend.

Telehealth & Digital Services

You may receive services via phone or video when needed. While all precautions are taken, digital services carry some privacy risk. Your consent to telehealth and digital documentation is required.

Texting and Email Communication

Please note that **texting and email are not guaranteed secure forms of communication**. While we take all reasonable precautions to protect your privacy, there are inherent risks when using electronic communication.

If you choose to communicate with your clinician via text or email, the following guidelines apply:

1. Text and email communication will only occur **during regular office hours**, typically **8:00 a.m. – 4:30 p.m.**, as determined by your clinician.
2. Clinicians **may not respond immediately**. Response times will vary based on schedules and caseloads.
3. Clinicians' phones may be **turned off outside of office hours**.
4. If your preferred method of contact is text or email and you have not received a timely response, please **call our office at (306) 691-2308** for assistance.

By choosing to use text or email, you acknowledge the potential privacy risks involved.

Cancellation Policy

The Autism Spectrum Disorders Program reminds families of our cancellation policy to help us provide the best outcomes for all clients:

- **24-hour notice** is required for cancellations. Call **306-691-2308** and leave a detailed message.
- **Illnesses** are understandable—please contact your clinician as soon as possible. Treatment plans are not impacted due to illness-related absences.
- **No-shows** will not be rescheduled. You will attend your next booked appointment.
- **Late arrivals** (over 15 minutes) will result in automatic cancellation of the session.
- **Repeated cancellations/missed appointments**: If three occur within a short period, you will receive a letter, and therapy services will shift to a **consultation model** until re-engagement occurs.

Parent Agreement

By participating in the ASD Program, I agree to:

1. Share any medical concerns that may limit participation.
2. Inform the clinic of illness or inability to attend.
3. Work with therapists to manage behavioral concerns.
4. Stay with children under 14 during sessions.
5. Avoid phone use during appointments.
6. Allow SHA staff, assistants, and students to participate as needed.
7. Accept telehealth as a service option when necessary.
8. Understand the risks and protections related to digital communication.
9. Follow the cancellation policy and attend scheduled appointments.

I understand and agree to the above terms and may request a review or clarification at any time. I may also pause or discontinue services as needed.

If you have any further questions, please reach out to the ASD Consultant for assistance at (306)-691-2308.

☐ I have reviewed and understand the Autism Spectrum Disorder Programs Terms of Service Agreement.

Date: d/m/y	
Name of Client (please print)	Date of Birth:
Name of Parent/ Guardian (please print)	Signature of Parent Guardian