

OAK RIDGES MEDICAL DIAGNOSTIC IMAGING

Use of Support Persons Procedure

OBJECTIVE:

To outline Oak Ridges Medical Diagnostic Imaging's ("ORMDI") commitment to allowing persons with disabilities who require use of a support person to enter ORM DI locations, providing they do not pose safety concerns, and complete a consent form where required. Consent forms must be completed when discussing confidential information with the patient and where the support person will be present during those conversations (see attached consent form)

DEFINITIONS:

Support Persons:

In relation to a person with a disability, a support person is a person who accompanies the person with a disability to help with communication, mobility, personal care, or medical needs or with access to goods or services.

Persons with disabilities who are accompanied by a support person have the right to have that support person accompany them while accessing services at ORM DI. Support persons are welcome in all areas of the clinic except where excluded by law for health and safety or privacy reasons, such as any area for Employee use only or any area where biohazard or radiation exposure occurs. Where a support person is excluded by law, ORM DI will explore alternative ways for the person with disabilities to access its services.

Eviction or Exclusion:

A support person may be evicted, excluded, or separated from the client if his/her actual behaviour poses a direct threat to the health or safety of others, or if they refuse to sign the required Consent Form. These circumstances and rationale must be documented on an incident report form and provided to the Facility Director immediately following the incident.

Refer to the *Communication Procedure* for further guidance on communicating with clients who use a support person.

Waiver of Rights:

If the client provides consent for the support person to be present as it relates to personal health information being shared, both the client and support person must sign the Consent Form. If the support person is informed of the risks related to being present during a procedure that may pose some risk (i.e. an x-ray), this consent must be included on the Consent Form, and a copy must be provided to the support person.

Oak Ridges Medical Diagnostic Imaging

Consent Form For Clients and Support Persons

I, _____ consent to the sharing of confidential information by

(Client Name)

Oak Ridges Medical Diagnostic Imaging related to my health and health care services provided in the presence of my support person.

(Client Signature)

(dd/mm/yyyy)

My support person, _____, consents to safeguarding the

(Support Person's Name)

confidential information shared.

I undertake to safeguard the confidentiality of information shared between Oak Ridges Medical Diagnostic Imaging and

_____ for whom I am a support person.

(Client's/Patient's Name)

I have been advised of all risks that may occur during my presence as a support person, and as a result, I consent to my presence during the procedure and/or test performed.

(Support Person Signature)

(dd/mm/yyyy)

(Employee Name)

(Employee Signature)

(dd/mm/yyyy)