

KERRY'S PLACE SERVICE AGREEMENT

Between

(Individual)

and

(Parent/Guardian, if applicable)

and

Kerry's Place Autism Services

At Kerry's Place Autism Services (Kerry's Place), our Mission is ***to enhance the quality of life for persons with Autism Spectrum Disorder (ASD) and to empower them and their families, through evidenced, innovative and person- directed supports.***

BY ACKNOWLEDGING THIS AGREEMENT, THE SIGNATORIES UNDERSTAND THAT:

- Kerry's Place is committed to respecting your rights and the rights of all those whom we work with.
- Kerry's Place is committed to providing services and supports that are free from abuse by taking every reasonable precaution to minimize such risk. As required by law, staff must report all incidents of suspected abuse or neglect to the appropriate authority. Kerry's Place has a duty to report to their local child welfare agency should they be concerned about a child's welfare while providing any service. Further, as per our policy, any suspected or alleged abuse or mistreatment of an adult with ASD receiving services from Kerry's Place will be reported to Kerry's Place management and appropriate authorities as deemed necessary.
- Kerry's Place may require your participation in rights and abuse awareness education for specific services. You can always request additional training or resources on rights and abuse.
- Kerry's Place is committed to ensuring due care is provided across the service sector and, as such, is responsible to report concerns regarding service provision by third party providers to the appropriate authorities, should any concerns be brought to our attention.
- It is important to provide accurate and up-to-date information regularly. Kerry's Place will collect and use personal information solely for the purposes of providing the supports and services you agree to receive and in accordance with any disclosure obligations to public authorities. We will treat all personal information as confidential in accordance with applicable laws.
- Kerry's Place is a health information custodian (HIC), subject to Ontario's health information protection law, the Personal Health Information Protection Act, 2004, which we will refer to in this Policy as "PHIPA". The HIC will control and have access to the file.
- Clinical service provision is overseen and supervised by a Registered Behaviour Analyst (Autonomous Practice) registered in good standing with the College of Psychologist and Behaviour Analysts of Ontario. You may contact the Clinical Supervisor (RBA) directly and/or request a meeting. With respect to the limits of confidentiality, the Clinical Supervisor must have access to all relevant recorded information about the client.
- For select services, in which parent(s)/guardian(s)/SDM are dropping persons supported off or picking up at a Kerry's Place location where services will be rendered, the parent(s)/guardian(s)/SDM are responsible for:
 - Providing complete and up to date emergency contact information
 - Providing the names of persons whom the persons supported may be released, and if applicable, a copy of any written permission signed by a parent of a person supported permitting the person supported to be released from the program at a specified time on their own, without supervision
 - Arriving at the agreed upon start/end times. If this does not occur:
 - Kerry's Place staff will make every effort to contact parent(s)/guardian(s)/SDM regarding the attendance and wellbeing of the person supported
 - Kerry's Place reserves the right to connect with appropriate authorities, such as local police and/or Children's Aid Society, in the event that parent(s)/guardian(s) /SDM do not drop off or pick up the person supported at the agreed upon time
- Audio and video-recording of services delivered is not permitted by members of the public. Should a family/guardian/participant have extenuating circumstances for audio or video recording they must make a written request to commence the Audio/Video



Approval and Consent Process. *No audio or video recording shall be conducted prior to the completion of this process.* Please Note: When providing virtual services, Closed Captioning may be used to support communication accommodations and/or understanding of the material presented. Attendees are expected to keep information shared confidential to the group in which they are participating.

- When services are delivered in a family's/guardian's or participant's home, Kerry's Place requires a Home Visit Risk Assessment to be completed. Kerry's Place requires a safe and accessible environment for its employees and contractors to deliver services, and for an appropriate, responsible mediator over the age of 18 to be available and participate as required in both home and community settings. Should a circumstance interfere with this, the Manager will review options for continuing service delivery.
- Kerry's Place will not tolerate any instances of disrespect, discrimination, or abuse towards employees. Every person seeking or receiving support from Kerry's Place is expected to treat employees with respect, as outlined in our *Code of Conduct*.
- Kerry's Place encourages everyone to bring forward recommendations and concerns so they may be addressed in a fair and equitable manner. Should a family/guardian or participant need to discuss a service or voice a concern, please contact the reporting manager of the service provided or follow the feedback process found [here](#) on our website.
- Our website and/or provided estimates and invoices (if applicable) will outline any user fee, duration of service and, if required, the fee for additional support that exceeds the recommended support ratio. All fees are paid in advance of service delivery, unless alternate arrangements have been made for payment.

My signature below indicates my agreement to the above-mentioned responsibilities and indicates:

[CHECK ALL THAT APPLY]

I assume full responsibility to abide by all terms and conditions, including deadlines and reconciliation, associated with any Ministry of Children, Community and Social Services direct funding I may use, in whole, or in part, for payment associated with any service at Kerry's Place.

Confirmation that I have reviewed and understand, the following Kerry's Place documents, found at <https://www.kerrysplace.org/policies/>. I understand that upon request, I can receive a printed copy:

- *Code of Conduct*
- *Statement of Rights*
- *Use of Telepractice*
- *Purchase Service Terms & Conditions*
- *Cancellation Fees and Refunds*
- *Complaints/Feedback Process*
- *Confidentiality Policy*
- *Abuse Prevention & Responsibility*
- *Privacy of Information for Supported Persons and their Families*
- *Family Charter of Commitments*

I understand there are some risks related to the use of technology and the internet and accept these risks at this time.

This agreement is **valid for one (1) year** and must be reviewed and signed annually.

Signature of Parent/Caregiver/SDM

Date

Signature of Individual (over 12 years of age)

Date

Kerry's Place Autism Services (name and title)

Date