

RETIRED DOCUMENT

This document is retired, effective April 1, 2026, corresponding with the *Health Professions and Occupations Act* (HPOA) in-force date. As this document is retired, it is not considered **standard** or **guidance** under the HPOA. However, until it is replaced by a HPOA-compliant resource, licensees may find it useful as general information for their practice.



College of

HEALTH AND CARE PROFESSIONALS OF BC

The information in this Practice Support checklist is intended to provide general guidance to assist registrants in identifying issues and options that should be considered, and implementing strategies to address issues, resolve problems and improve practice, with respect to a particular aspect of psychology practice. No checklist can anticipate all variables that might be relevant to a specific professional decision or circumstance, but the checklist can provide general guidance to registrants dealing with the identified practice issue. Registrants are also invited to contact the Practice Support Service with any questions.

Readers are advised that documents provided by the Practice Support Service are not legal advice, and do not supplant any applicable legislation, the College's Code of Conduct, its Indigenous Cultural Safety and Humility and Anti-racism Standard, or any other official College communications or professional standards. While an effort has been made to be comprehensive, the information in this checklist is not exhaustive, and the College makes no warranty or representation as to its currency, completeness or accuracy. The College accepts no responsibility for any errors or omissions, and expressly disclaims any such responsibility.

This checklist does not establish standards, limits or conditions for registrants' practice for the purposes of the Health Professions Act, and it is not intended to impose mandatory requirements to the extent that such requirements are not established under the Code of Conduct or the Indigenous Cultural Safety and Humility and Anti-racism Standard. In the case of any inconsistency between this checklist and any Code standard or the Indigenous Cultural Safety and Humility and Anti-racism Standard, the Code standard or Indigenous Cultural Safety and Humility and Anti-racism Standard governs. The final decision on the course of action to be taken in any practice situation is made by the registrant, and checklists are not intended as a substitute for the professional judgment and responsibility of the registrant. Exclusive reliance on checklists is imprudent, as every practice decision depends on its own particular circumstances.

This document may not be copied in part. Registrants wishing to copy it in its entirety must keep this disclaimer attached and must identify it as a College of Psychologists of B.C. Practice Support document. For ease of reference, select Code standards are indicated in brackets following checklist items. Registrants are obligated to consider any other Code standards and legislation that may be relevant to a specific practice situation. All references to the Code of Conduct and other legislation is current to the date indicated at the beginning of each checklist.

Informed Consent and Assent Checklist for Licensed School Psychologists

Licensed school psychologists provide mental health services to clients within learning settings (i.e., settings under educational authorities, especially school districts, private schools, and post-secondary institutions). They diagnose and formulate case conceptualization for two neurodevelopmental conditions (intellectual disorder/disability and learning disorder/disability) directly related to learning. They evaluate clients' needs, and advise regarding the need for referrals to service providers who provide secondary or tertiary mental health services for other neurodevelopmental conditions (such as autism or attention problems) or other mental health challenges. They consult with systems, school staff, and parents in providing guidance with respect to programme evaluation, behaviour challenges, and the consequences of student difficulties that challenge the capacity of students to be successful learners. Some school psychologists may also provide services, excluding diagnosis, outside of the learning setting, and this checklist also applies in these contexts.

This document is intended to be of assistance to licensed school psychologists with respect to obtaining appropriate informed consent and informed assent. Relevant *Code of Conduct* (the Code) standards are indicated in brackets following the checklist items, and the Code should be consulted directly as part of considering the issues. Note that the term "guardians" is being used to represent whoever is legally responsible for the child who is the subject of a service, be that one or both parents or one or more other individuals designated as responsible.

- I am aware that for purposes of understanding *Code of Conduct* requirements: (1) the child who is the subject of the service request is considered to be the client; (2) if the child is a minor who is not competent to provide consent their legal guardians are considered the client for decision-making purposes with certain exceptions; and (3) I may also have professional obligations to others in the situation, such as my employer and/or the school under whose auspices I am providing my services. **(1.2)**
- I have carefully considered the request for services I have received in order to:
 - o determine the nature of the service I am being asked to provide to ensure it is within my legal scope of practice and my own specific area of competence; **(3.2, 3.3, 3.5, 3.7, 3.8, 3.9, 3.10, 3.11, 3.15, 3.23, 3.24, 3.25, 18.1)**
 - o clarify with the referral source and/or my employer, as appropriate, the parameters of the service I am able to provide, and to confirm who will have access to information I provide and any other information I will need to discuss as part of obtaining informed consent for the service; **(4.2, 5.13, 6.1, 6.4, 11.4)**
 - o consider the nature of the service (such as whether it is to provide an in-service training, to provide consultation services to a teacher regarding evidence-based instructional practices, to participate in a school-based team meeting, to observe a child in a classroom, to perform a file review, to provide a psychoeducational assessment, etc.), in order to determine whether I need to obtain informed consent before proceeding, and to determine the type of information to be covered in any informed consent process; **(4.1, 4.2, 4.6, 4.25, 5.2, 5.13)**
 - o identify all parties from whom I need to obtain informed consent when seeking the consent of guardians, including, when required, by obtaining any necessary documentation to determine the identity of all parties with legal entitlement to provide or withhold consent for services; **(3.8, 4.1, 4.3, 18.1)**

- o determine whether the service being requested is appropriately and sufficiently covered by an existing school process for obtaining consent for my participation (i.e., the school process meets the same requirements as those I would need to meet myself if I was directly obtaining consent); **(4.1, 4.2)**
 - o consider the age and anticipated cognitive abilities of the child who is to be the subject of my service and any other known factors that will help me consider if I need to address the question of whether the child is a mature minor who may be able to provide informed consent for the service; **(3.8, 4.3, 18.1)**
 - o address, whenever the issue has been at question, my basis for concluding that a minor is or is not a mature minor who is able to provide consent for my services, and document this in my practice record; and **(3.8, 7.19, 11.6, 13.6, 18.1)**
 - o consider whether a policy of my employer/the school dictates, and/or I believe that in service of the child's welfare, the child's guardians should be involved in the consent process regardless of whether the child is determined to be a mature minor, and how I will handle that issue in my consent discussion with the mature minor. **(1.2, 4.2, 6.1)**
- I have considered issues that might impede the informed consent process, such as language barriers or any other factors, and have a plan to address those in my informed consent process and/or in my documentation of consent. **(3.20, 4.2, 4.9, 4.10, 7.19, 13.6)**
- I have determined all exceptions to the right of confidentiality in the particular circumstance, including legal requirements for disclosing information and reasonably anticipatable future release requests and/or requirements. **(3.8, 5.13, 6.1, 6.4, 6.7, 6.11, 7.17, 18.1)**
- In the event my professional service could lead to a designation or a diagnosis, modifications to an education plan, interventions, or any other meaningful change for a child, I will not proceed without specific informed consent for my service. **(4.1)**
- My informed consent process includes the following elements:
 - o a review of the proposed service, including anticipated risks and benefits, possible designations or diagnoses that might result from my assessment, implications of any decision regarding a designation and/or diagnosis if this might be the result, alternative services if any, translation services if being used, and any other elements of the service that could influence a person's decision to provide consent; **(4.2, 4.6)**
 - o if any aspect of the service for which I have obtained consent is changed, I will obtain updated consent before proceeding; **(4.5)**
 - o if any part of the service is being offered by someone I am supervising, I will advise of this and of my responsibility for the services provided under my supervision; **(4.2, 4.7, 8.6, 8.7)**
 - o the limits of and exceptions to confidentiality, including legal requirements for disclosure, any expected or intended uses of information obtained, how and what information will be shared with school team members or other third parties (and that while I am obligated to advise recipients of the confidential nature of the information, I do not have control over other parties who will have access to the record), whether the guardians will have an opportunity to review the information before it is shared with another party, any reasonably anticipatable future uses of or requests for information arising from the service, etc.; **(3.8, 4.2, 5.13, 6.1, 6.4, 6.7, 6.11, 6.14, 7.17, 18.1)**
 - o information regarding how my records will be stored and for how long and, if applicable, any confidentiality issues related to common filing systems; **(6.1, 6.5, 13.2, 14.8)**
 - o what information the client and/or the client's guardians may expect to receive after I have completed the service; **(5.3, 11.8)**
 - o the client's and/or the client's guardians' right to ask any questions about the service or my training and experience; **(4.2, 4.9)**
 - o the client's and/or the client's guardians' right to end service at any time and to request referral elsewhere; **(5.8, 5.20)**
 - o a statement that as part of routine practice I may occasionally consult with colleagues regarding my practices, and that if I do it will be for the purpose of benefiting the client and client confidentiality will be preserved; **(3.2, 4.2)**
 - o my status as a registrant of the College, the College's role in regulating the profession, and how to contact the College in the event of any concerns; **(7.10)**
 - o a statement confirming the client and/or the client's guardians have reviewed and understood the information about the service and have had an opportunity to ask any questions; **(4.9)**
 - o documentation in my practice record of the informed consent, including where possible the signed consent of the client and/or the client's guardians; and **(4.2, 7.19, 13.6)**
 - o the date(s) on which the informed consent(s) and assent were obtained. **(7.19, 13.6)**

- In those cases in which I have relied on the consent of guardians, I will obtain the informed assent of the child before proceeding with the service. My informed assent process will involve at a minimum informing the child in a way appropriate to the child's age and cognitive level of the nature of the service, limits and exceptions to confidentiality, how information obtained will be used, and any other elements deemed appropriate to review with the child in the circumstance and consistent with the cognitive abilities of the child. My informed assent process will essentially be the same as my informed consent process in those cases in which I have determined the client is a mature minor and there are no other impediments to my reviewing information with them. **(3.8, 4.1, 4.2, 4.3, 18.1)**
- When obtaining informed consent I will do so in writing whenever possible, and I will always document the informed consent(s) and informed assent I obtain in my practice record. **(4.1, 4.2, 7.19, 13.6)**
- If my employer asks me to proceed with an engagement or to provide services in a manner that I believe may be inconsistent with my professional obligations under the *Code of Conduct*, I will take steps to clarify the nature of the potential conflict, I will have a discussion with my employer about their request and its potential conflict with my professional obligations, and, to the extent possible, I will seek to resolve the potential conflict in a way that permits me to adhere fully to the Code. **(7.18)**