



INFORMED CONSENT POLICY

Table of Contents

1.	Purpose and Objective	3
2.	Scope	3
3.	Definitions and Abbreviations	3
4.	Policy	4
5.	Procedure	5
5.1	General Considerations for Consent	5
5.2	Valid Consent	5
5.3	Competent Consent Giver	6
5.4	Substitute Consent Giver for Incompetent Adults	7
5.5	Substitute Consent Giver for Minors	7
5.6	Assessment, Intervention and/or Care without Consent	7
5.7	Witnessing Consent	8
5.8	Informed Consent Form Format	8
5.9	Other Forms of Consent	9
5.10	Duration and Validity of Consent	10
6.	Related Documents / References	11
7.	Amendments	11
8.	Attachments	11
8.1	Attachment A: Policy Authorization Page	11
	Attachment A - Policy Authorization Page	12

1. Purpose and Objective

- 1.1 Maharat Learning Center (MLC) is committed to ensuring clients' rights are protected, clients are informed at all times about the services provided by the Center, and ensure compliance with best practice guidelines and legal standards for valid consent.
- 1.2 The Informed Consent Policy has been created to ensure MLC has robust and client-centred consent processes and to ensure that all company employees involved in the consent process understand the procedures and protocols for obtaining valid consent, and to:
- Ensure that no assessment, intervention and/or care are carried out without the client and/or their representative's acceptance.
 - Specify the essentials for valid consent and minimum requirements for obtaining and documenting valid consent.
 - Support decision making and alternative arrangements to respect and support client's where consent is not given, or where it is difficult to ascertain client choices or confirm client consent.
 - Enhance the continuity of service provision and improve service provision outcomes.
 - Diminish the risk of conflicting understanding between clients and/or their representatives, and company employees with respect to the content of the written informed consent.
 - Support client's rights and responsibilities.
 - Address all other forms of consent and related documentation applicable to the services provided by MLC.
- 1.3 This policy includes considerations of situations where the client is not capable of giving consent themselves.
- 1.4 This policy provides staff with requirements and procedural guidelines in accordance with current legislations to maintain a consent process that is functional and sustainable.

2. Scope

- 2.1 The Informed Consent Policy and the guidelines and procedures contained herein shall apply to all company employees, clients, and visitors of Maharat Learning Center who are involved in the consent processes.

3. Definitions and Abbreviations

- 3.1 **MCL:** Maharat Learning Center
- 3.2 **CDA:** Community Development Authority
- 3.3 **UAE:** United Arab Emirates
- 3.4 **ENR:** Enrollment Number
- 3.5 **Confidentiality:**
- The restricted access to data and information to individuals who have a need, a reason, and permission for such access.

- An individual's right to personal and informational privacy, including for his or her records held by the Center.

3.6 **Representative:** in relation to a child (client), means:

- Where the client is under the age of 18 years – that client's parent or legal guardian as defined by law or;
- Where the client is unable to give authorization, or exercise his/her rights, a person appearing to be lawfully acting on the client's behalf or in his/her best interests.

4. Policy

- 4.1 Informed Consent is a process of communication between a person and a service provider that results in the person's authorization and agreement to proceed with an assessment, intervention and/or care from the service provider. It includes the principle that the service provider has a duty to inform the client and/or their representative about the nature of a proposed or alternative assessment, intervention, treatment, procedure, test, or research, including the risks and benefits of each alternative and of not receiving it. An informed client and/or their representative can then make a choice to undergo the assessment, intervention and/or care, if any.
- 4.2 Consent is required for all assessments, interventions and/or care services provided by MLC as described in this policy, except where authority is granted under appropriate legislation or a court order; per the Community Development Authority (CDA) and/or other Health Regulatory Agencies Consent Policies in the United Arab Emirates (UAE).
- 4.3 MLC shall initiate, maintain and secure a written consent in accordance with the requirements and procedural guidelines described in this Policy for every client who is to undergo assessment, intervention and/or care that requires a written informed consent as per applicable legislation, policy and guidelines.
- 4.4 MLC shall not conduct any assessment, intervention and/or care that require a written informed consent if the client and/or their representative refuse to provide written consent and this should be documented in the client's enrollment record. No telephone consent is to be made or accepted at MLC.
- 4.5 The assessments, interventions and/or care that require a written Informed Consent at the MLC are:
- **Assessments:** Intake Meetings, Educational, Developmental, or Behavioral Assessments
 - **Individualized Sessions & Programs:** Behavioral Intervention Services, 1:1 Behavioral Intervention sessions, School Shadow/Para Educator Services, Tutoring for Specific Learning Difficulties, Living Skills/Vocational Programs.
 - **Supervision & Consultation Services:** Observations and evaluations in home or school setting, Behavioral and Educational Intervention Support, International Supervision, Consultation services for children and young adults enrolled in school.

- **Educational Programs:** Admission Evaluations, Maharat Learning Academy, Learning Support services, terms break camps and programs (summer/spring/winter camps).

- 4.6 At MLC, consent is also required for the communication and/or sharing of client records/information to third parties, photographs, marketing and promotional activities, audio/visual recording requirements for assessment, intervention and/or care work, and for clients to participate in supervised walks, field trips and/or outings as part of their assessment, intervention and/or care program. Further details of the consent process for these requirements are detailed in section 5.9 in this policy.
- 4.7 Consent processes at MLC recognize and respect Sharia Law pertaining to local culture rules related to consent, guardianship and responsibilities.

5. Procedure

5.1 General Considerations for Consent

- 5.1.1 Consent must be given in writing and incorporates written informed consent or other forms of written consent as described in this Policy.
- 5.1.2 Consent is to be documented in the client's enrollment record.
- 5.1.3 Consent is a process and not a single event and requires continuing discussion with the client and/or their representative that reflects the evolving course of assessment, intervention and/or care.
- 5.1.4 Every effort should be made to provide information to the client and/or their representatives in a language and in terms that they can easily understand.
- 5.1.5 A competent adult client has the right to refuse to consent to assessment, intervention and/or care even if the consequences of such refusal is life threatening. In such cases the MLC is obliged to make reasonable attempts to ensure the client and/or their representative understands the consequences and that such refusal may limit future assessment, intervention and/or care options and this should be documented in the client's enrollment record.

5.2 Valid Consent

- 5.2.1 Consent is valid only when the following elements are present:
- a) **Competency/Capacity:** Clients, service users, and/or their representatives are to have the competency/capability to understand the nature and consequences of the assessment, intervention and/or care decision and with the intellectual ability to reach a reasoned choice about the assessment, intervention and/or care, including the capacity to understand the consequence of refusing the assessment, intervention and/or care. Competency/capacity may not be present if the client is underage, mentally ill or disabled, under the influence of drugs or medication, under great stress or pain at the time of the consent, semi-

conscious, or in labour. As applicable, an assessment for competence/capacity may be carried out and documented.

- b) **Voluntariness:** Clients, service users, and/or their representatives must be free to consent to assessment, intervention and/or care or to refuse assessment, intervention and/or care, free of undue influence or coercion.
- c) **Disclosure of Information:** Valid consent requires disclosure of information that will ensure an “*informed*” consent. The information disclosed may include, but is not limited to:
- The known or suspected diagnosis and options for assessment, intervention and/or care. The assessment, intervention and/or care may be for diagnostic purposes in which case the possible or suspected diagnosis may be discussed.
 - Nature and purpose of the proposed assessment, intervention and/or care. Consent is to be specific for the proposed assessment, intervention and/or care.
 - Probable risks and benefits of the proposed assessment, intervention and/or care. Risks should be described in percentage or ratio terms where possible, rather than by subjective terminology, such as small risk, slight risk, and rare. A risk does not have to be life threatening to require disclosure.
 - Reasonable alternatives to the proposed assessment, intervention and/or care should be disclosed even if they are not part of the MLC service profile, or outside the license of MLC.
 - MLC should inform the client and/or their representatives as to will be performing the assessment, intervention and/or care and who will be obtaining consent.
 - Any change or extension from the assessment, intervention and/or care for which consent is given must be disclosed in advance if there is a possibility that it will happen.
- d) **Opportunity to ask questions:** The consent process is contingent on good communication. Opportunity must be given to have questions answered in an understandable fashion, to allow time for integration of the information and to consult with others before the decision is made. All reasonable steps must be taken to open and sustain good communication and to avoid rushing the consent process. MLC cannot discharge the duty to inform simply by providing pamphlets about a proposed assessment, intervention and/or care.
- e) **Accuracy:** The information disclosed must be accurate and free of misrepresentation of material information.

5.3 Competent Consent Giver

- 5.3.1 A Competent Consent Giver is an adult, 18 years of age or older, who can give consent unless there is evidence that critical elements of valid consent are absent, as defined in 5.2.1 a).

5.4 Substitute Consent Giver for Incompetent Adults

- 5.4.1 When an adult is deemed as incompetent to consent for assessment, intervention and/or care, a substitute consent giver must be sought. Both the client, if able and the substitute consent giver should sign the consent form. The preference for selecting a consent giver should follow the order of:
- A decision-maker duly appointed by the client at such a time they were not incompetent. Ideally this appointment will be in writing and witnessed.
 - A guardian appointed by a court that has jurisdiction in Dubai or elsewhere in the UAE.
 - An adult relative up to the fourth degree who has had substantial personal involvement with the client in the preceding twelve (12) months. The sequence of priority is: The husband if the client is a married female, father, mother, brother, sister, uncle (from father's side then from mother's side), grandfather, grandmother, other relatives from father's side, and then other relatives from mother's side.
 - A licensed Healthcare Professional who is responsible for the overall care of the client and not responsible for the particular assessment, intervention and/or care in question.

5.5 Substitute Consent Giver for Minors

- 5.5.1 Consent for those less than 18 years of age is to be given, in sequence of priority, by the Father, Legal Guardian, or Substitute Consent Giver.
- 5.5.2 Priority if the father is not present is in the following sequence: Mother, Brother, Sister, Uncle from fathers' side, Uncle from mother's side, Grandfather, Grandmother, other relatives from father's side, other relatives from mother's side.
- 5.5.3 If the minor's parents are divorced, the parent who has legal custody is the appropriate person to give consent. If applicable and as per the jurisdiction provided by a Court of Law, the other parent may have the right to information regarding the child's condition, assessment, intervention and/or care.
- 5.5.4 A Legal Guardian may give consent. Legal Guardianship is recognized if authorized by a Court of Law in the jurisdiction of the minor's country of origin.
- 5.5.5 The Substitute Consent Giver must have assumed guardianship of the minor.

5.6 Assessment, Intervention and/or Care without Consent

- 5.6.1 Assessments, intervention and/or care may only be administered without consent in an emergency situation when the client and/or their representative is not capable of providing consent and a substitute consent giver is not available for minors, the client's condition poses a threat to life or health and such assessment, intervention and/or care cannot be delayed.
- 5.6.2 Assessment, intervention and/or care may be initiated without consent when the client's illness is contagious and/or is a threat to public health and safety.

5.6.3 When an assessment, intervention and/or care is initiated without consent, the reasons and other relevant circumstances must be documented in the client's enrollment record.

5.7 Witnessing Consent

5.7.1 A witness to the consent is required in the below circumstances:

- the client and/or their representative is visually blind;
- the client and/or their representative is illiterate and can't read and write;
- the client and/or their representative is physically compromised;
- the client and/or their representative is competent and can understand and acknowledge understanding, but physically is unable to talk or write.
- when a translator is required, the translator should function as a witness.

5.7.2 The witness for the consent must be someone other than the primary operator for the assessment, intervention and/or care.

5.7.3 The signing witness must witness the discussion of the assessment, intervention and/or care as well as signing or marking of the forms.

5.8 Informed Consent Form Format

5.8.1 A written informed consent should be documented on the Maharat Informed Consent Form (CR002), provided in English and Arabic language, which will become part of the client's enrollment record.

5.8.2 All informed consent forms must be legible and include the following information:

- The name and address of MLC.
- The client's enrollment number.
- The client's first name, last name.
- The client's date of birth.
- Details of the services provided that require consent.
- Details of any risks and benefits.
- Details of associated service fees or where to locate service fee information.
- Statement that the assessment, intervention and/or care may involve a number of qualified MLC personnel.
- Statement that the consent giver understands and agrees to the assessment, intervention and/or care.
- Date, name and signature of the consent giver, and relationship to the client if applicable.
- Date, name and signature, and position of the MLC primary service provider for the assessment, intervention and/or care, verifying that the information was given and appears to have been understood by the client/clients representative.
- Date, name and signature of witness if applicable, or translator if utilized.

5.9 Other Forms of Consent

5.9.1 Other forms of consent applicable to the services provided by MLC include:-

- a) **Maharat Information Receipt/Release Consent Form:** Should there be a need to contact a third party involved in the child's case who is not a parent/legal guardian or employed by the Center, an Information Receipt/Release Form (CR006) must be completed and signed by the parent/legal guardian. The form must detail to who the information will be released from and to who the information will be released to. Any changes to the form should be co-signed by the parent/ legal guardian. By signing the Maharat Information Receipt/Release Form, the parent/legal guardian gives permission to MLC to receive and release information and authorize and consent MLC to share and exchange information with its departments and staff, and acknowledge the storage of information in enrollment files which are accessible to all Maharat Learning Center staff involved in the child's case. Completed Maharat Information Receipt/Release Forms are stored in the client's enrollment record. Once this form has been completed, applicable MLC staff is able to contact the authorized third party in order to assist with the assessment, intervention and/or care provision.
- b) **Audio Visual Consent Form:** During assessment, intervention and/or care work, it is often helpful for MLC personnel to take audio or visual recordings of clients. This may relate to supporting the assessment, intervention and/or care process. In order to protect and safeguard our clients from any unwanted or unauthorized recordings and/or distribution of photographic and/or recorded footage, an Audio Visual Consent Form (CR021) must be completed and signed by the parent/legal guardian of the client to ensure that consent is given to be recorded and/or videotaped. Granting this authorization is optional and by the parent/legal guardian of the client, and may decline to be recorded and/or videotaped. Completed Audio Visual Consent Forms are stored in the client's enrollment record. Once this form has been completed, applicable MLC staff is authorized to record and/or videotape the client.
- c) **Outing Consent Form:** Should the client be require to participate in supervised walks, field trips and/or outings as part of their assessment, intervention and/or care program, the client shall only be permitted to participate in such outings with a person other than parent/legal guardian if the Center is provided a completed and signed Outing Consent Form (CR022). Completed Outing Consent Forms are stored in the client's enrollment record. Once this form has been completed, applicable department staff are authorized for the client to participate in supervised walks, field trips and/or outings as part of their assessment, intervention and/or care program.

- d) **Screening Consent:** A Screening Consent Form (CR038) should be completed if/when a child has been identified by a school as one who would benefit from an observation by an MLC service provider to determine if any further assessment, intervention and/or care or support may be required. The form is to provide consent for MLC to conduct the observation of the child in school, and to provide feedback to school and parents.
- e) **Marketing Photography & Video Consent:** Consent is required for photographs, videos and promotional activity. In order to protect and safeguard our clients from any unwanted or unauthorized recordings and/or distribution of recorded footage, a Marketing Photography & Video Consent Form (MKT004) must be completed to ensure that consent is given to be photographed or videotaped. Granting this authorization is optional and clients may decline to be photographed and/or videotaped.

5.9.2 If any the above mentioned forms are utilized for a client, the completed form must be placed in the client's enrolment record

5.10 Duration and Validity of Consent

5.10.1 In general, and except as defined in this policy, consent remains valid and in effect until the client/client's representative revokes their consent, or there is a material change in circumstances including a change of the client's condition such that the associated risk or benefit of the assessment, intervention and/or care is also changed. When significant material change occurs, the client or consent giver is to be informed again for their consent to be given.

5.10.2 Consent for specific assessment, intervention and/or care at MLC and/or is valid for the duration of the planned course of the same assessment, intervention and/or care except as defined in this policy.

5.11 Responsibilities

5.11.1 It is the responsibility of the applicable MLC service provider to obtain an appropriate informed consent before any assessment, intervention and/or care begins as defined in this policy. This may be facilitated by MLC Client Relations department staff or other administrative support staff.

5.11.2 It is the responsibility of the applicable MLC personnel to ensure that valid consent has been given before the assessment, intervention and/or care begins.

5.11.3 The MLC Chief Executive Officer/Managing Director and Principal Director are responsible for ensuring effective implementation and compliance with this policy.

6. Related Documents / References

CR002	Informed Consent Form
CR006	Maharat Information Release/Receipt Consent Form
CR021	Audio Visual Consent Form
CR022	Outing Consent Form
CR038	Screening Consent Form

7. Amendments

7.1 This policy will be reviewed every two years at a minimum, or as required.

8. Attachments

8.1 Attachment A: Policy Authorization Page

Attachment A - Policy Authorization Page

Creation Date: January 2017		Created By: Dr. Hibah Shata, CEO/MD	
Revision Date	Edited By	Version Number	Next Review Date
January 2017	Karen Evans	V.1	January 2019
October 2018	Karen Evans	V.2	October 2020

Approval Signatory:

Name: Dr. Hibah Shata

Designation/Title: Chief Executive Officer / Managing Director

Date: 01 October 2018

Signature: _____

Company Stamp: