



LOUDER, CLEARER: A PARKINSON'S VOICE TRAINING PROGRAM

LOCATION: ☐ Online

PARTICIPANT INFORMATION

Participant: _____ Date of Birth: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Secondary Emergency contact: _____

Relationship: _____ Phone: _____

Email: _____

ELIGIBILITY CRITERIA

In order for the group to be most clinically effective, the client must meet the following criteria:

- ☐ Diagnosis of Parkinson's disease.
- ☐ Difficulty in speaking loudly and clearly.
- ☐ Live in Southwestern Ontario.
- ☐ Able/willing to participate in communication for 1 hour and an interest in strategies/tools taught.
- ☐ Demonstrate appropriate behaviour to cooperate in a social group setting.
- ☐ Personal care needs are met either independently by participant or provided by their caregiver.
- ☐ Able to operate the device and the virtual platform functions either independently or with assistance nearby. *(for virtual programs)*

Level of interest in the Louder, Clearer: A Parkinson's Group Voice Training Program outnumbers the spaces available. Program spaces are paid for by Parkinson Society Southwestern Ontario. To continue to be able to offer this program free-of-charge, and to be fair and considerate to those who truly need this help but are on the waitlist, please ONLY register if you plan to participate in all 8 sessions of the program.

Informed Consent for Speech-Language Pathology group training/educational program

I, _____, hereby provide my consent for participation in the “Louder, Clearer” Parkinson group-based voice program. I understand this is a broad **educational program** facilitated by a registered Speech-Language Pathologist SLP to train/teach participants about communication/voice/speech strategies that are generally helpful for many individuals with a diagnosis of Parkinson disease.

I understand this program does not include an individualized screening, assessment, or treatment plan related to my diagnosis/medical condition/voice difficulties (typically offered as part of a formal SLP intervention service). I may contact the SLP to inquire further about this.

The SLP will verbally review benefits, risks and alternatives of this training/educational program. I understand it is my responsibility prior to and throughout this program to fully disclose any relevant medical information as it pertains to my health status that could hinder/be affected by my participation.

By signing this consent form, I indicate that I have read and understood the information, and that I agree to participate in this program. I am aware that I can withdraw my consent at any time.

_____ Participant	_____ Signature	_____ Date
_____ Substitute Decision Maker	_____ Signature	_____ Date

Please fax completed forms to: 1-519-652-9267 or email: info@parkinsonsociety.ca. The forms will be collected by Parkinson Society Southwestern Ontario and shared with the SLP facilitating the group.

Please contact Parkinson Society Southwestern Ontario with any questions regarding programs at 1-888-851-7376 or info@parkinsonsociety.ca. Questions relating to speech language therapy should be directed to SLP facilitating group.

(Complete this part if participating in virtual group program through Zoom.)

Informed Consent for Communication via Electronic Mediums

I, _____, understand that communication via electronic mediums (ie. email, text messaging, telepractice/virtual services, etc.) is not absolutely secure, as outlined below:

1. Risks of using electronic communication (EC)

While the Speech-Language Pathologist SLP will use reasonable means to protect the security and confidentiality of information sent and received using ECs, because of the risks outlined below, the SLP cannot guarantee the security and confidentiality of ECs (EC):

- Use of ECs to discuss sensitive information can increase the risk of such information being disclosed to third parties.
- Despite reasonable efforts to protect the privacy and security of EC, it is not possible to completely secure the information.
- Employers and online services may have a legal right to inspect and keep ECs that pass through their system.
- Electronic communications can introduce malware into a computer system, and potentially damage or disrupt the computer, networks, and security settings.
- Electronic communications are subject to disruptions beyond the control of the SLP that may prevent the SLP from being able to provide services.
- Electronic communications can be forwarded, intercepted, circulated, stored, or even changed without the knowledge or permission of the SLP or the client.
- Even after the sender and recipient have deleted copies of ECs, back-up copies may exist on a computer system.
- Electronic communications may be disclosed in accordance with a duty to report or a court order.
- Videoconferencing/virtual meeting platforms using no cost, publicly available services may be more open to interception than other forms of such services.
- There may be limitations in the services that can be provided through ECs, dependent on the means of ECs being utilized
- Email, text messages, and instant messages can more easily be misdirected, resulting in increased risk of being received by unintended and unknown recipients.
- Email, text messages, and instant messages can be easier to falsify than handwritten or signed hard copies. It is not feasible to verify the true identity of the sender, or to ensure that only the recipient can read the message once it has been sent.

2. Conditions of Using Electronic Communications

- While the SLP will endeavour to review ECs in a timely manner, the SLP cannot provide a timeline as to when communications will be reviewed and responded to. Electronic communications will not and should not be used for medical emergencies or other time-sensitive matters.
- Electronic communication may not be an appropriate substitute for some services that the SLP offers.
- Electronic communications may be copied or recorded in full or in part and made part of your clinical chart (for private clients, as applicable). Other individuals authorized to access your clinical chart, such as legal representatives, medical personnel, or administrative staff, may have access to those communications.
- The SLP may forward ECs to staff and those involved in the delivery and administration of your care. The SLP will not forward ECs to third parties, including family members, without your prior written consent, except as authorized or required by law.
- The SLP is not responsible for information loss due to technical failures associated with your software or internet service provider.
- The participant will inform the SLP of any changes in the participant's email address, mobile phone number, or other account information necessary to communicate electronically.
- The participant will ensure the SLP is aware when they receive an EC from the SLP, such as by a reply message or allowing "read receipts" to be sent.
- The participant will take precautions to preserve the confidentiality of ECs, such as using screen savers and safeguarding computer passwords.
- If the participant no longer consents to the use of ECs by the SLP, then the participant will provide notice of the withdrawal of consent by email or other written communication.

In addition, in compliance with *Canadian Anti-Spam Laws*, I give the SLP permission to send me relevant program information or scheduling confirmation/changes.

I understand and accept the risks, limitations and conditions of use outlined above to this consent form, associated with the use of the electronic communications with the SLP. I acknowledge and agree to communicate with the SLP using these ECs with a full understanding of the risks in doing so. I am aware that I can withdraw my consent at any time.

_____ Participant	_____ Signature	_____ Date
_____ Substitute Decision Maker	_____ Signature	_____ Date