

FAMILY PERSPECTIVE WAIVER

ICR FAMILY PERSPECTIVE

Through the Independent Clinical Review (ICR) process, the Ontario Autism Program (OAP) gives families the opportunity to request an independent review of key components of their child or youth's OAP Behaviour Plan. The ICR strives to provide a clear understanding of the family's perspective in the review process. As part of this process, each family is assigned a Family Representative who will have a consultation with you to verify and confirm your 'family perspective.' This information will be used to present the family perspective to the reviewers during a conference call meeting. The Family Representative is, by default, responsible for presenting the family perspective to the Review Committee Clinical Reviewers during the Clinical Review Meeting. However, the ICR offers families the choice to assign the task of presenting the family perspective to one family member.

Your Family Representative will ask if you, or a member of your family, prefer to present the family perspective to the Clinical Reviewers during the conference call meeting. If you agree, you must identify one family member responsible for making the presentation at the conference call meeting. The family member who will make the presentation must sign this waiver to be able to participate in the conference call meeting with the Review Committee. This form must be submitted to the ICR Coordinator.

I, _____ am _____
First Name Last Name Relationship to child/youth whose OAP Behaviour Plan is under review

to _____
Name of child or youth whose OAP Behaviour Plan is under review.

I agree to present the family perspective, as outlined in the *Family Perspective Form* that will be sent to me.

I understand that the purpose of the ICR is to review one or more specific elements of a clinical service plan (the OAP Behaviour Plan). I am aware that the ICR is NOT a second opinion and does not involve any clinical reassessment of a child. The ICR was designed to protect the privacy and confidentiality of families and children/youth whose OAP Behaviour Plan is under review by keeping all parties anonymous to one another. I understand that this is one of the steps taken by the ICR to help maintain the independence of reviewers and impartiality in the independent review process.

I agree to present the family perspective as outlined in the *Family Perspective Form* to the reviewers. I understand that, in having direct telephone contact with the reviewers, I may provide information that compromises my privacy and confidentiality, and that of the child/youth whose OAP Behaviour Plan is under review.

I have read and understand the preceding information and choose to present our family perspective to the Review Committee rather than having the designated ICR Family Representative do so on my behalf.

 Your signature

 Witness (ICR)