

| CONSENT | TO PARTICIPATE IN THE QUÉBEC NEWBORN |
|---------|--------------------------------------|
|         | HEARING SCREENING PROGRAM            |

### Établissement :

The parents¹ of all newborns in Québec are invited to participate in Québec's newborn hearing screening program. Approximately one in every 1,000 babies ins born with hearing loss severe enough to have negative consequences on the child's development. Hearing loss in often undetected by parents and other people in contact with the child. The following information will help you decide whether you want your child to participate in the program:

#### Advantages of the screening program

The screening test is quick, painless and safe for the child. It detects hearing loss in the first few weeks after your child's birth. Without screening, hearing loss is often detected after the child is two years old. Thanks to screening, intervention to help communication with a hearing-impaired child can begin much earlier. The results of the screening test will be given to you quickly.

#### Inconveniences of the screening program

The screening test may have to be redone. In certain cases, a baby with normal hearing may not pass the screening test. When this in the case, further examination will be required, which may cause you some anxiety while awaiting the examination results. There may also be hearing loss that in not detected by the screening test or that may appear later, in the child's early years.

# Before deciding whether you want your child to participate in Québec's newborn hearing screening program, please consider the following:

- You have received the information leaflet describing the advantages, inconveniences and limitations of the screening program. You have been able to ask questions and you have had enough time to reach a decision.
- You understand that further examination will be required if our baby does not pass the screening test.
- Should your child require additional testing at another healthcare network location, certain medical information<sup>2</sup> concerning your child will be made accessible to other healthcare professionals at that establishment (screener, audiologist, and physician) in order for your child to receive the best possible care.
- Information<sup>2</sup> concerning all children who participate in the program will be kept in the program's data bank at the McGill University Health Centre, which in overseen by Québec's Mininistère de la Santé et des Services sociaux. The information will be used on a confidential basis by program staff to ensure the quality of the program. The information will be kept for as long as the program is maintained. You can withdraw from the program at any time by contacting your testing centre; only minimal data<sup>3</sup> will remain in the data bank.

If you refuse: Intervention to help communication with a hearing-impaired child may begin much later. Only certain information<sup>3</sup> will be kept in the program's data bank for identification purposes; after five years the information will be destroyed. You can change your mind and decide to participate in the program or you can ask your physician for a hearing screening test only.

| More information on the program is available on our website a                                  | it <u>www.msss.gouv.qc.ca/deg</u> | <u>pistage-surdite</u> (French only)   |               |          |
|--|-----------------------------------|--|---------------|----------|
| I have read <sup>4</sup> and understood the information on this page                           |                                   |  |               |          |
| ☐ <u>I agree</u> to have my child participate in the Québec newborn                            | hearing screening program.        |  |               |          |
| $\square$ <u>I refuse</u> to have my child participate in the Québec newborn                   | n hearing screening program       | ı.                                     |               |          |
| Family name, given name of parent  | Signature                         | Date                                   |               |          |
|  |                                   | Year                                   | Month         | Day      |
|  |                                   |  |               |          |
| Name of witness (healthcare professional)  | Signature                         | Licence No                             | Licence No.   |          |
|  |                                   |  |               |          |
|  |                                   |  |               |          |
| 1 Parent or guardian, called the « parent » in this document. 2 and 3 See detailed on reverse. | 1 The contents of the document    | t may have been read to the person who | o signed this | consent. |

Nom: Site: # Dossier:

## 2 List of information kept in the program's data bank following parental consent

Child's full nameConsent to participateMailing addressHearing loss risk factorsPhone numberScreening protocol results

Date of birth Confirmation of follow-up by a monitoring centre

Sex Results of audiology examinations
Parent's full names Medical diagnosis of ENT physician

File number at place of birth Results regarding intervention and rehabilitation

Québec health insurance number Results regarding the diagnosis of late or progressive hearing loss

# 3 List of information kept in the program's data bank following a refusal to participate or withdrawal

Child's full name Mother's last name

Date of birth File number at place of birth

Sex Refusal to participate and refusal processing date