*Dufferin Region*
**Dufferin Wellington Coordinated Service Planning
CONSENT TO OBTAIN AND RELEASE PERSONAL HEALTH INFORMATION**

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| **Client Information** |
| **Child/Youth’s Full Name:** |       |
| **Date of Birth:** (mmm/dd/yyyy) |       |
| **Name of Parent or Legal Guardian:**  |       |

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| I |       | on this day of |  |
|  | *(CLIENT / PARENT / LEGAL GUARDIAN – PRINT)* |  | *mmm / dd/ yyyy* |

understand that personal information will be collected, recorded, and stored electronically, and used for Dufferin Wellington area Coordinated Service Planning housed at Dufferin Child and Family Services and their respective staff and agents who are providing, or likely to provide, services to: me, or my child and family, or the child for whom I am guardian.

**For the following purposes:**

1. To plan, monitor, and review services to be provided;
2. To assess my/our needs in order to support the development of a Coordinated Service Plan to be provided by the agencies and organizations that make up my child/family team and who require access to my personal information;
3. To allow my or my child’s/family’s team to provide health care, education, social and other services, as directed by me.

In addition, I consent to participating in the sharing of my, or my child’s, personal information, assessments, documents, etc., to and from the agencies and organizations selected from the list below who are involved in my/my child’s care. Individual verbal consent may be obtained as required.

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| **Service(s) Identified and Organization(s) / Other Information** |
| [ ]  | Childcare Programs: Please specify which one(s):        | [ ]  | CMHA Peel Dufferin |
| [ ]  | Community Living Dufferin | [ ]  | Conseil Scolaire Viamonde |
| [ ]  | County of Dufferin | [ ]  | Developmental Services Ontario (DSO) |
| [ ]  | Dufferin Child and Family Services – Behaviour Solutions | [ ]  | Dufferin Child and Family Services – Child and Youth Mental Health |
| [ ]  | Dufferin Child and Family Services – Child Protection | [ ]  | Dufferin Child and Family Services – Developmental Service Coordination |
| [ ]  | Dufferin Child and Family Services – Early Years | [ ]  | Dufferin Child and Family Services – Fetal Alcohol Spectrum Disorder |
| [ ]  | Dufferin Child and Family Services – Urgent Response Services | [ ]  | Dufferin-Peel Catholic School Board  |
| [ ]  | ErinoakKids Centre for Treatment and Development  | [ ]  | Home and Community Care Support Services (Central West) |
| [ ]  | Kerry’s Place Autism Services | [ ]  | Ministry of Children, Community and Social Services (MCCSS) |
| [ ]  | Primary Care Provider (Physician, Health Team, etc.) Please specify:       | [ ]  | Services and Housing in the Province (SHIP) |
| [ ]  | Service Resolution/ Service Solution Facilitator  | [ ]  | Upper Grand District School Board  |
| [ ]  | Wellington Dufferin Guelph Public Health | [ ]  | Other:       |
| [ ]  | Other:       | [ ]  | Other:       |

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| **Child/Youth’s Full Name:** |  |
| **Date of Birth:** (mmm/dd/yyyy) |  |

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| **Consent** |
| [ ]  | I understand that consent is being obtained for Coordinated Service Planning (CSP), which has been discussed and explained to me. |
| [ ]  | I give permission for information to be obtained and shared in the methods I approved above with the service delivery agencies selected or identified on this consent form. |
| [ ]  | I understand that a paper and electronic file will be created. |
| [ ]  | I give permission to be contacted in the future for research and evaluation purposes.  |
| [ ]  | I understand that I may change or revoke details of this authorization at any time, but the withdrawal of consent shall not have retroactive effect. If an individual places a limitation on consent for information sharing, they cannot restrict recording of personal/health information that is required by law or by established professional standards. |
| [ ]  | It has been explained to me that the wishes of children, youth or families who do not consent to share confidential information will be respected, except when that places the child, young person or others, at increased risk of significant harm. Everyone has a duty to report suspected abuse and neglect under the Child, Youth and Family Services Act, 2017.  |

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| **How would you like your information shared and received? Please check all methods you consent to.** |
| [ ]  Fax | [ ]  Phone | [ ]  In-Person |
| [ ]  Mail or Courier  | [ ]  Mobile (Cell Phone) | [ ]  Email  |
| [ ]  I understand that e-mail and cell phones are NOT confidential secure mediums, and that the use of various mediums  will vary depending on the service providers in your team. |

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| **Client/Parent/Guardian Signatures**  |
| **Signature:** |  | **Date:** |       |
|  | *Client/Parent/Guardian (1)* |  | *mmm/dd/yyyy* |
| **Print Name:** |       | **Date:** |       |
|  | *Client/Parent/Guardian (1)*  |  | *mmm/dd/yyyy* |
| **Signature:** |  | **Date:** |       |
|  | *Client/Parent/Guardian (2)*  |  | *mmm/dd/yyyy* |
| **Print Name:** |       | **Date:** |       |
|  | *Client/Parent/Guardian (2)* |  | *mmm/dd/yyyy* |

If there is a custody arrangement or a substitute decision maker legally appointed, please confirm who has the right to consent and access information and arrange to have the agreement uploaded into the record. Consent from both parents is recommended if there is a joint custody order or agreement (unless otherwise determined in writing between the family and coordinating agency).

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| **Service Planning Coordinator Signature** |
| **Signature:** |  | **Date:** |       |
|  | *Service Planning Coordinator*  |  | *mmm/dd/yyyy* |
| **Print Name:** |       | **Date:** |       |
|  | *Service Planning Coordinator*  |  | *mmm/dd/yyyy* |

*The Ontario Personal Health Information Protection Act (November 2004) requires Dufferin Child and Family Services (DCAFS), as a health information custodian, to protect personal health information in our custody against unauthorized use and disclosure. DCAFS will not share the personal information we have about our client (child/youth) or their families with any outside person or agency without the consent of our client or our client’s parent or legal guardian, unless the law requires us to do so*. *The client or the client's parent or legal guardian must consent to any sharing of confidential information. DCAFS is leading Coordinated Services Planning for Dufferin Wellington, and will adhere to its privacy policy when handling a child/youth/family’s personal information, and each agency who is given consent by the client to obtain and share information with DCAFS is bound by their own privacy policies. DCAFS is not responsible for any privacy breach that occurs outside of its agency.*