dcafs
Dufferin Child & Family Services
children's mental health • child protection • developmental support

Consent to Disclose/Exchange Information

This consent is for the purpose of sharing information, to assist with planning & providing quality service

Name(s): _____
(client/parent/guardian)   (relationship to client)

The information to be shared is about: ❑ myself   ❑ my child(ren)

(name of child)	(D.O.B.)	(name of child)	(D.O.B.)
(name of child)	(D.O.B.)	(name of child)	(D.O.B.)
(name of child)	(D.O.B.)	(name of child)	(D.O.B.)
(name of child)	(D.O.B.)	(name of child)	(D.O.B.)

I/we authorize: _____

Name: _____

❑ To release information to

❑ To exchange information with

Name: _____

Type of Disclosure: ❑ Verbal Information ❑ Copies of Records/Assessment ❑ Written Information

Specific Information to be released: _____

Purpose of release/exchange of information: _____

❑ I understand that the information to be shared is confidential and that it will not be shared with any other person/service unless Dufferin Child & Family Services is required by a court to share it or there is a risk of harm to self or others.

❑ I understand that consent to share information is voluntary and that I can withdraw my consent upon verbal or written notice to Dufferin Child &Family Services.

Unless otherwise revoked, this consent expires on: _____
(date/or file closing)

Signature: _____ Date: _____ Witness: _____
(client/parent/guardian)

Signature: _____ Date: _____ Witness: _____
(client/parent/guardian)

Signature: _____ Date: _____ Witness: _____
(client/parent/guardian)

655 Riddell Road, Orangeville, ON L9W 4Z5
tel: 519-941-1530 fax: 519-941-1525   email: mail@dcafs.on.ca   web: www.dcafs.on.ca

please remember, we all share the air... this is a scent free environment