

Child or Youth's Name	Date of Birth (YYYY-MM-DD)	Shared Electronic Record Number

I understand that personal information will be collected, recorded, stored, and used by the Children's Treatment Network (CTN), which for the purposes of this consent, includes those agencies and organizations that make up CTN, and their respective staff and agents. This consent applies to: *Please check the box which applies*

☐ **me**
☐ **my child and family**
☐ **the child for whom I am a guardian**

For the following purposes:

- to plan, monitor, and review services to be provided and on an ongoing basis;
- to assess my/our needs in order to develop a single plan of care provided by the agencies and organizations that make up my child/family team and who require access to my personal information; and
- to allow my child/family team to provide healthcare, education, social and other services, as directed by me.

I understand that CTN will collect and use the following types of personal information and personal health information as necessary for the purposes listed above, for example, telephone referral forms, histories, assessments, treatment plans, progress reports or notes, and videotapes.

I understand that CTN will use and disclose (i.e., share) personal information with the agencies and organizations that make up the CTN and are involved in providing care and services to me, in order to have the information they need to provide care and services, subject to any limitations on information sharing that I identify in writing.

For a complete list of CTN partner organizations, please go to <https://www.ctnsy.ca/Our-Partners.aspx>

☐ **No Limitations to Consent**
☐ **Limitations to Consent:** *identify and list any limitations to the consent below*

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**Additional Organizations/Providers/Team Members**

In addition, I agree to the sharing of personal information to and from the agencies, organizations and/ or individuals listed below who are involved in my care, but do not form part of CTN.

Agency / Organization/Individuals	Limitations



I understand that I can withhold or place conditions upon my consent. I understand that I may withdraw my consent at any time, by providing written notice to CTN, but the withdrawal of consent shall not have retroactive effect.

### Consent Provided

☐

**Verbal**

☐

**Written** (If written Consent a completed Consent Form must be filed in the Document Manager section of CTN's Shared Record)

### Consent Provided by:

<b>Name (Print)</b>	
<b>Relationship to Client</b> Confirmed from custody documentation, if application regarding parent's right to information, and give consent	
<b>Comments/Additional Information</b>	
<b>Date Consent Provided (YYYY-MM-DD)</b>	

### Network Staff completing this Consent

<b>Name</b>	
<b>Agency</b>	
<b>Date of Entry (YYYY-MM-DD)</b>	

If applicable:

Signature of Parent/Guardian

Date signed (YYYY-MM-DD)