



CONSENT FOR INFORMATION SHARING AND COLLECTION OF PERSONAL INFORMATION

Child or Youth's Name	Date of Birth	Shared Electronic Record Number

I understand that personal information will be collected, recorded, stored and used by 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 who are providing, or are likely to provide services to:

(Please check the box which applies)	For the following purposes:
<input type="checkbox"/> Me	1. To plan, monitor, and review services to be provided;
<input type="checkbox"/> My Child and Family	2. To assess my/our needs in order to develop a single plan of care to be provided by the agencies and organizations that make up my child/family team and who require access to my personal information; To
<input type="checkbox"/> The Child for Whom I am a Guardian	3. allow my child/family team to provide health care, 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, including, telephone referral forms, histories, assessments, treatment plans, progress reports or notes, lab reports, IEPs, videotapes and DVDs.

LIMITATIONS

I understand that CTN will use and disclose (i.e. share) personal information with the appropriate providers within applicable organizations that make up 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.

Identify and insert any limitations here:

Agency / Organization	Limitations

CONSENT FOR ADDITIONAL ORGANIZATONS / PROVIDERS

In addition, I agree to the sharing of personal information to and from the agencies and organizations listed below who are involved in my child's / my care, but are not included in the list of Network partners on page 2 of this form (eg. other Network partners, physicians, providers, provincial programs).

Agency / Organization	Limitations



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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

Written consent replacing verbal consent given on: _____

Consent Provided by:

Name (Print) Relationship to Client

Signature Date Phone
(Required if consent is provided in written form)

* 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 required if there is a joint custody arrangement.

Network Staff:

Name (Print) Signature

Date

Translator Declaration:

To the best of my knowledge, I have accurately translated the conversation between _____ and the parent / guardian / client / substitute decision-maker. I believe that this person understands the information given.

Name of Translator: _____

Family Member Provider

Translation Service (specify) _____

List of Network partners currently included in this Consent for Information Sharing for purposes of service planning and delivery:

Your Child & Family Team could be drawn from over 40 Network partners including school boards, hospitals, rehabilitation providers, and social and community service organizations that serve children and youth with special needs in your geographical area, including:

- 1 to 1 Rehab
- Barrie Area Native Advisory Circle (BANAC)
- Blue Hills Child and Family Centre
- Brain Injury Services, Muskoka Simcoe
- Catulpa Community Support Services
- Central Community Care Access Centre
- CHIGAMIK Community Health Centre
- Closing the Gap Healthcare Group
- Comcare Health Services
- Community Living Assoc. for South Simcoe
- Community Living Huronia
- Deaf Access Simcoe Muskoka
- E3 Community Services Inc.
- Family Services York Region
- Georgian Bay General Hospital
- Kerry's Place Autism Services
- Kinark Child and Family Services
- La Clé d'la Baie en Huronie
- Learning Disabilities Association of South Simcoe
- Markham Stouffville Hospital
- New Path Youth and Family Services
- North Simcoe Muskoka Community Care Access Centre
- Orillia Soldiers' Memorial Hospital
- Regional Municipality of York
- Royal Victoria Regional Health Centre
- Safehaven Project for Community Living
- Season's Centre for Grieving Children
- Simcoe Community Services
- Simcoe County District School Board
- Simcoe Muskoka Catholic District School Board
- Social Services Network (York Region)
- Southlake Regional Health Centre
- The Speech Clinic
- VHA Rehab Solutions
- York Catholic District School Board
- York Central Hospital
- York Paediatric Therapy Services Inc.
- York Region Branch of Jewish Family & Child Services
- York Region District School Board
- York Support Services Network (YSSN)
- YMCA of Simcoe Muskoka
- Zareinu Education Centre
- Children's Case Coordination of Simcoe County (Catulpa)
- Children's Case Coordination of York Region (YSSN)

Provincial Partners

- Canadian Hearing Society
- Canadian National Institute of the Blind
- Electronic Child Health Network (eCHN)
- Holland Bloorview Kids Rehabilitation Hospital (Bloorview Kids Rehab)
- SickKids (Hospital for Sick Children)

* To provide consent for additional organizations / providers working with the child who are not included in this list, please fill out the box on the bottom of pg 1.