

The information below can be used to guide your conversation about consent with students/parents/guardians. This is not the form to submit. Please **submit consent information on the Referral Form** on the SBRS Referral Portal.

Authorization to Collect, Use and Disclose Personal Health Information

When completed, this form contains Personal Health Information (PHI). Please follow your organization's policies and procedures and relevant privacy legislation regarding the handling and storage of confidential student information including PHI.

Confirmation of Consent for Referral to School Based Rehabilitation Services for the Sharing of Information

Please confirm that the student/parent/guardian understands what is being asked of them and gives permission to proceed by completing the following two attestations. If a student is over the age of 12, and can understand the information relevant to the services, then a student can consent on their own behalf.

***Note:** CTN can only deliver School Based Rehabilitation Services and process this referral if consent has been confirmed, and the response 'Yes' has been selected for the statements below. If not, the family should be directed to contact CTN SBRS Intake Services.

- 1) The undersigned referent has explained the reason for the referral to Children's Treatment Network (CTN) and the student/parent/guardian agrees with this referral to seek School Based Rehabilitation Services administered by CTN and its contracted service provider. Yes No
The student/parent/guardian understands that CTN delivers services through a collaborative network model and that PHI will be communicated with any professionals that are directly involved in the student's care, including CTN, contracted service providers, and school staff.
- 2) The student/parent/guardian understands that the CTN shared client record is used for the purpose of collecting and storing PHI and for documenting services provided through CTN and by its contracted service provider organizations. Only those directly involved in the student's care will have access to this information. Yes No

Consent to Email

Student/parent/guardian consents to the use of email to support the delivery of services including for the following purposes: Receive handouts, letters, program and event information, client surveys, and/or schedule appointments. Email consent is optional and can be withdrawn at any time. Yes No Not discussed