

**SERVICE COORDINATION DES SERVICES**

150 Montreal Rd Suite 200

Ottawa, Ontario K1L 8H2

(A non-profit service supporting people with developmental disabilities and pervasive developmental disorders)

**Consent for Collection, Use and Disclosure of information**

I acknowledge and agree that the provision of personal information by me constitutes my consent to its collection, use and disclosure by Service Coordination.

I understand that the collection, use and disclosure of any personal information will be for the purposes of assisting me in finding appropriate supports and services and providing information to me by Service Coordination, or any organization authorized by Service Coordination. I acknowledge that my personal information may be disclosed to other organizations that may be able to offer its services to me, or assist me in obtaining appropriate services. The collection, use and disclosure of my personal information shall only be done, in a manner consistent with Service Coordination’s Privacy Policy, a copy of which is available at <http://scsottawa.on.ca/>, or has otherwise been made available to me. I understand I may seek legal advice regarding this consent.

**RELATING TO:**

<b>(Full name of person)</b>	<b>(Date of birth – yyyy/mm/dd)</b>
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**Comments\Restrictions:**

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**AND WITH CONSENT GIVEN BY:**

<b>Signature or mark of person requesting/using service</b>	
	(Date) _____
<b>Signature of parent/guardian (where required by law)</b>	
	(Date) _____
<b>(Witness)</b>	
	(Date) _____

This Consent may be cancelled at any time upon written notice of person requesting or using the service.

**NOTES**

Consent to the disclosure, transmittal or examination of a clinical record may be given by the client/applicant, where mentally competent, or where the client/applicant is not mentally competent, by the person authorized under Section 35 of the Mental Health Act.

The Act states where the person is not mentally competent, such information may be given to any person with the consent of the person entitled to give or refuse consent to a treatment on behalf of the person under the Health Care Consent Act 1996, or of the representative appointed under section 35.

The persons entitled to give or refuse consent under the Personal Health Information Protection Act 2004, in order of ranking, are as follows:

1. The individual’s guardian of the person or guardian of property, if the consent relates to the guardian’s authority to make a decision on behalf of the individual.
2. The individual’s attorney for personal care or attorney for property, if the consent relates to the attorney’s authority to make a decision on behalf of the individual.
3. The individual’s representative appointed by the Board under section 27, if the representative has authority to give the consent.
4. The individual’s spouse or partner.
5. A child or parent of the individual, or a children’s aid society or other person who is lawfully entitled to give or refuse consent in the place of the parent. This paragraph does not include a parent who has only a right of access to the individual. If a children’s aid society or other person is lawfully entitled to consent in the place of the parent, this paragraph does not include the parent.
6. A parent of the individual with only a right of access to the individual.
7. A brother or sister of the individual.
8. Any other relative of the individual. 2004, c. 3, Sched. A, s. 26 (1).

Examples of collection, use and disclosure (for complete list see policy at <http://scsottawa.on.ca/>)

1. Provide you with information about services for persons with developmental disabilities in Ottawa
2. Assist you with completing the registration process to access these services
3. Assess your individual needs and goals
4. Refer you to the appropriate services and/or individuals
5. Maintain a list of special needs workers
6. Assist in matching special needs workers with families who require their assistance
7. Provide info to individuals or organizations providing services for persons with developmental disabilities to whom you are referred
8. Provide info on or to special needs workers listed in our special services worker bank
9. Provide info on or to individuals or organizations who are our advisers or service providers

*From time to time, Service Coordination may be approached by research institutions who request access to our records for research purposes. Your permission is requested to authorize these institutions to have access to your records for the purposes of conducting research studies. Only aggregate data will be used for these studies and these institutions will not be authorized to disclose any identifying information without your express consent. If you prefer that your records not be reviewed for research purposes, your services at Service Coordination will not be affected in any way.*

\_\_\_\_\_ I agree that my records may be used for the purposes of research studies as described above.