

# Consent to Disclose Personal Information and Personal Health Information Form

Children's disABILITY Services



**This form is available in alternate formats upon request**

## Section 1: Child Information

Name	Date of Birth
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## Section 2: Legal Authority

Children's disABILITY Services ("CDS") collects, uses, and may disclose personal and personal health information between service providers and trustees to plan and provide services for children and their families. This collection, use, and sharing of information is done under the authority of *The Freedom of Information and Protection of Privacy Act*, and *The Personal Health Information Act*, and, if applicable, *The Protecting and Supporting Children (Information Sharing) Act*.

## Section 3: Acknowledgement and Confidentiality

I understand that information about my child and my family may be disclosed between CDS, service providers, and trustees on a need-to-know basis only to plan and provide services for my child and family. I understand that CDS, service providers and trustees will maintain confidentiality of this information in accordance with their own policies and practices and the applicable legislation.

## Section 4: Authorization

I authorize Children's disABILITY Services and the following individuals and organizations to collect, use, and disclose personal and personal health information with each other to plan or provide services or benefits for my child and family. These individuals and organizations include, but are not limited to:

Name of Individual and/or Organization	Contact Information

I acknowledge that, in keeping with *The Protecting and Supporting Children (Information Sharing) Act*, CDS may disclose information with service providers other than those listed above for planning and providing services, if it is believed to be in the best interest of the child. I understand that I may not always be notified of these disclosures.

I understand that this consent is valid until my child is no longer involved with CDS and that my consent can be withdrawn or amended at any time.

Parent/Guardian Name	Signature	Date
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If you have questions about the collection, use and disclosure of personal and personal health information at Children's disABILITY Services, please contact your Community Service Worker.