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| Child or Youth's Name | Date of Birth |
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I am providing consent for:

- Me
- My child
- My child and family
- The child for whom I am a Guardian

I have been given information on the Integrated Plan of Care process and understand that my Integrated Care Team is a partnership between myself, family members and/or supporters I identify and the following organizations:

- Centre psychosocial
- Children's Aid Society of Ottawa
- Children's Hospital of Eastern Ontario
- Community Care Access Centre
- Conseil des écoles catholiques du Centre-Est
- Conseil des écoles publiques de l'Est de l'Ontario
- Crossroads Children's Centre
- Family Services Ottawa
- Maison Fraternité
- Ottawa Carleton District School Board
- Ottawa Catholic School Board
- Ottawa Children's Access and Referral to Services
- Ottawa Inuit Children's Centre
- Parents' Lifelines of Eastern Ontario
- Rideauwood Addiction and Family Services
- Roberts Smart Centre
- Royal Ottawa Mental Health Centre
- St. Mary's Home
- Wabano Centre for Aboriginal Health
- Youth Services Bureau
- youturn Youth Support Services
- Other agencies for which you are providing consent to participate: specify _____

I understand that my/my child's personal information will be collected, shared, recorded and used by my Integrated Care Team in order to have the information they need to offer services that best meet my/my child's needs and my identified goals, and for the following purposes:

1. To plan, monitor and review services to be provided;
2. To assess my/our strengths and needs in order to develop an integrated plan of care to be provided by the agencies and organizations that make up my Integrated Care Team and who require access to my personal information;
3. To allow my Integrated Care Team to provide health, mental health, addictions, education, and social services, as directed by me

I understand that I have the right to put limitations on the information that is shared about me. I choose to make the following limitations:

| Agency/Organization | Limitations |
|---------------------|-------------|
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I have had the opportunity to discuss the Integrated Plan of Care process and the alternatives to this process. I understand that my/my child's participation in the Integrated Plan of Care process is voluntary and my/my child's continued involvement is based on my consent.



The principles of confidentiality apply to any of my/my child's information that is shared amongst the Integrated Care Team members. I understand that the Integrated Care Team will not willingly disclose any confidential information it obtains about me/my child without my consent.

I understand that there are three circumstances that would require reporting of information without my consent:

- If a service provider was told that someone is planning to seriously harm someone
- If a service provider believes that a child under the age of 16 is at risk of harm
- If there is a court case and the judge demands it, the service provider must release the file to the judge who will decide if any of the information is relevant to the trial.

I understand that this consent is also for the purposes of collecting information for the evaluation of the Integrated Plan of Care process to help understand the factors involving coordination of care and to improve services. The information collected will remain confidential, will be coded and I will not be identified by name. My consent means that I agree to allow information about me/my child, which does not identify me/my child by name, to be included in this evaluation. My/my child's name and/or family/supporters will not be associated in any way with the results of the evaluation. I understand that not consenting to participating in the evaluation will in no way impact the services I will be receiving.

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 notification to my Integrated Plan of Care process Lead, but the withdrawal of consent shall not have retroactive effect.

I have read and understand the information above. I have been encouraged to raise any concerns that I have, and all my questions have been answered. In signing below, I am consenting to receive services from my Integrated Care Team as part of the Integrated Plan of Care process. I acknowledge that I will receive a completed copy of this form for my records.

This consent remains in effect for a period of not more than one year from the date set out below.

Printed Name: _____ (child/youth)

Signature: _____ Date: (M/D/Y): _____

Printed Name: _____ (parent or guardian)

Signature: _____ Date: (M/D/Y): _____

I have reviewed the above information with the client:

Printed Name: _____

Staff Signature: _____ Date: (M/D/Y): _____

To withdraw consent:

My signature below indicates that I am withdrawing my consent to participate in the Integrated Plan of Care process.

Printed Name: _____ (child/youth)

Signature: _____ Date: (M/D/Y): _____