

Model for the Coordination of Services to Children/Youth

Information for Parents/Guardians – Guidelines for Discussion Informed Consent

Children/youth and families may receive services from many agencies and service providers to meet their needs. To ensure that your child's needs are met, service providers will work together with you to develop an Individual Support Services Plan (ISSP). In order to develop an effective support services plan, information about your child will be shared. You will be asked to sign a consent form to permit information sharing. This will allow the support services team to discuss strengths and needs, coordinate service delivery and monitor services to ensure that your child's needs are met.

Before you sign this form you should know:

- You and your child/youth have a right to take part in the ISSP process.
- You have the right to privacy.
- If you consent to the sharing of information, your consent must be informed (the person asking you to sign the form will explain the purpose of sharing information).
- You have the right to know what information is to be shared and how the information is to be used.
- You can decide what information will be shared with whom, for what purpose, and to what benefit.
- Only relevant information about your child's strengths and needs will be shared for the purpose of developing the ISSP.
- You have a right to refuse consent.
- Information will not be shared without your consent, unless the life, health or safety of your child or others is at risk.
- You have the right to ask questions before you give consent.
- You will decide how long the consent may be used (not to exceed one year).
- If you sign this consent form, and give permission to complete a child/youth profile, information about your child's/youth's needs will be entered into a data base to be used for regional and provincial service planning and for the development of regional/provincial reports. Personal data will be kept confidential. Information will be shared with service providers only on a need-to-know basis to assist with meeting the needs of your child.
- You are entitled to receive a copy of all completed forms, including your child's profile.

**MODEL FOR THE COORDINATION OF SERVICES TO
CHILDREN/YOUTH
CONSENT FORM**

I, _____ declare that I am: [please check appropriate box]
(Name of consenting party)

The parent/legal guardian of _____ who was born on the _____ day of _____, _____

or,

a minor child, born on the _____ day of _____, _____, who is 16 years of age or older and who has withdrawn from parental control; or

19 years of age or older.

I HEREBY GIVE MY PERMISSION to (a) representative(s) of:

the Department of Health and Community Services

the Department of Justice

the Department of Human Resources, Employment and Labour

the Department of Education

other (please specify) _____

[please check appropriate boxes]

to: Release/share relevant information with members of the ISSP Team

Release to _____, the following information

(Describe information)

Obtain from _____
(identify Department or agency)

the following information _____
(Describe information – be specific)

Complete Child/Youth Profile for submission to the Regional Child Health Co-ordinator

which is necessary for the development/implementation of the Individual Support Services Plan.

I understand that the information which is the subject of my consent shall be treated as confidential and will only be shared to the extent necessary to develop and/or implement the individual support services plan. This information will only be disclosed in accordance with federal/provincial laws and will not be shared with any other person or agency without my consent except in accordance with such laws and with any interdepartmental protocols on the sharing of information.

This consent is given of my own free will and shall be valid for _____
unless withdrawn by me in writing. (Period of time) – not to exceed 1 year

Date: _____ Signature of Consenting Party: _____

Witness: _____