

CONSENT FOR REFERRAL AND INFORMATION SHARING



School-Based Rehabilitation Services

Quinte Children's Treatment Centre

- Secure electronic upload (please see instruction on our website www.quintectc.com) or Fax to 613-961-2517

Questions? Call 613-969-7400 ext. 2784

To be completed by the Parent/Legal Guardian or Student (if 16 years of age or older)

Name of Student/Child:

Date of Birth: (dd-mmm-yyyy)

Name of person providing consent:

Relationship to student of the person providing consent:

- Select one:
- I am the legal guardian of the student/child
- I am the student, and am at least 16 years of age

Consent to Services:

By signing this form, I am consenting to the start of School-Based Rehabilitation Services. This will authorize Quinte Children's Treatment Centre (QCTC) to collect, use and disclose relevant information regarding my child for the purpose of determination of eligibility, prioritization, service planning, treatment/care, and program evaluation of the School-Based Rehabilitation Services. Information will only be exchanged with those agencies listed below if they are involved in the care/treatment of my child and is to be used for the purpose of coordinating services between organizations.

Consent for Sharing of Information

Services work best when there is good communication among everyone involved with you and your child

I do hereby authorize the exchange of information to and from: (please check all that apply)

QCTC with school board (specify school board)

QCTC with physician(s) (specify physician's name)

QCTC with Organization/Agency (specify)

QCTC with another Children's Treatment Centre (specify city/area)

Quinte Children's Treatment Centre is committed to your privacy and is compliant with the Ontario Personal Health Information Protection Act. This authorization is valid for as long as my child is receiving services through the QCTC. This authorization may be withdrawn at any time by submitting a written request to the QCTC at the above address.

Signature: (you may electronically sign by typing name below)

Date: (dd-mmm-yyyy)