

Halton Coordinated Service Planning Consent to Share Information

In respect of _____, _____, _____
First Name Last Name Date of Birth (YYYY/MM/DD)

Information about Coordinated Service Planning in Halton Region

Coordinated Service Planning is a commitment between Halton organizations who serve children and youth with multiple needs, to support their families with a clear point of contact for all the services they are receiving, and provide a single service plan that identifies what is important to the family.

To make a referral to a service, or to work together on behalf of your child/youth and family, we need your permission to communicate between the various organizations involved with your family about your child's/youth's needs, progress, and planning.

You consent allows for agency staff to communicate and share information and reports with each other, such as:

- Assessments and Diagnoses
- Case Management
- Consultation/Concerns
- Dates of Attendance
- Development/Behaviour/Learning/Communication
- Health Records
- Intake/referral forms
- Treatment Planning
- Other: _____

In Halton, Reach Out Centre for Kids (ROCK) is the lead Service Coordination Agency is mandated to keep information of Coordinated Service Planning clients on file. ROCK protects the privacy of your information. All information is treated as confidential and is not released or discussed with any other persons or organizations without consent, unless required by law.

This form allows staff of the following partners of the Coordinated Service Planning Initiative to share and access information about your child/youth and to communicate with agencies/services related to your family:

- Reach Out Centre for Kids (ROCK),
- Central West Specialized Developmental Services (Halton Support Services),
- Halton Region,
- Erinoak Kids,
- Mississauga Halton Local Health Integration Network (MH LHIN), and
- Hamilton Niagara Haldimand Brant Local Health Integration Network (HNHB LHIN)

Statements of Consent

I give my consent to the organizations that I have initialled on the second page of this form to talk with each other about the services my child/youth is receiving, being referred to, or is waiting for, as well as my child's'/youth's needs, progress, and planning. **I give my consent to these same organizations** to share applicable information and reports (such as those stated in the section above) in order to support the delivery of service for my child/youth.

I understand that:

- Organizations will not willingly disclose information without permission, unless required by law.
- The information collected is stored at Reach Out Centre for Kids (ROCK) as required by their provincial funders, the Ministry of Child and Youth Services.
- Information collected is used in a non-identifying summary form for community planning, quality assurance, and Ministry reporting.
- This consent remains valid for a period of 12 months from the date of signing.
- I may withdraw this consent at any time by providing written notification.

Consent to share with:

	I hereby CONSENT to sharing information with this organization		I hereby DO NOT CONSENT to sharing information with this organization	
CSP Partner Organizations:	Initial	Verbal	Initial	Verbal
Reach Out Centre for Kids (ROCK)				
Central West Specialized Developmental Services (Halton Support Services)				
Halton Region				
Erinoak Kids				
Mississauga Halton Local Health Integration Network (MH LHIN)				
Hamilton Niagara Haldimand Brant Local Health Integration Network (HNHB LHIN)				
Other relevant organizations:	Initial	Verbal	Initial	Verbal

This section to be completed ONLY by Staff (Consent Witness):

_____ /_____/_____
Printed Name of Staff (Consent Witness) Signature Date (YYY/MM/DD)

Organization

This section to be completed ONLY by Parent/Legal Guardian:

_____ /_____/_____
Printed Name of Parent/Legal Guardian #1 Signature Date (YYY/MM/DD)

What is your relationship to this child/young adult? _____

_____ /_____/_____
Printed Name of Parent/Legal Guardian #2 Signature Date (YYY/MM/DD)

What is your relationship to this child/young adult? _____

This section to be completed ONLY by Child/Youth:

_____ /_____/_____
Printed Name of Child/Youth Signature Date (YYY/MM/DD)

This signature is required at age 12 or older.