Oxford County Community Health Centre

Youth Housing Support program
Oxford County Community Health Centre
35 Metcalf St., Unit 301, Woodstock, ON, N4S 3E6
C – (226) 232-6863 | F – (519) 539-9111
| E: dknezevic@oxchc.ca

Youth Housing Support program
Consent to Obtain and Release Information – Professional Supports

I/We _____
(Name of Client or Substitute Decision Maker)

Hereby give consent to the Oxford County Community Health Centre to obtain and release information with the following agencies/institutions:

☐ Addiction Services of Thames Valley	☐ Ontario Disability Support Program
☐ Canadian Mental Health Association	☐ Operation Sharing
☐ Children's Aid Society of Oxford County	☐ OPP
☐ Community Employment Services	☐ Oxford County Human Services
☐ Community Options for Justice	☐ Thames Valley District School Board
☐ CSCN	☐ Wellkin
☐ Domestic Abuse Services Oxford	☐ Woodstock Police Services
☐ London District Catholic School Board	☐ Youth Justice Services
☐ London Health Sciences Centre	☐ Other:
☐ Hospital (please list):	☐ Primary Care (please list):

In respect of:

☐ Child / Youth Name: _____ Date of Birth: _____

For the purpose of (select at least one):

☐ Service Coordination: _____

☐ Other (please specify): _____

Description of Information to be shared (select one):

☐ Anything applicable

☐ Specifically, the following: _____

This consent is valid: ☐ for the duration of my involvement; or

☐ until the following date: _____

_____	_____	_____
Signature of Client or SDM	Date	Signature of Witness

Verbal consent provided ☐ *Date:* _____

Note: There are limits to this consent for release of information in the event the Youth Housing Support program needs to respond to the legislated requirements for the release of client information. These include but are not limited to: coroner's request, subpoena, search warrant, or court order.

Revised September 2020