

Consent to Obtain and Release Information – Natural Supports

I/We _____

(Name of Client or Substitute Decision Maker)

Hereby give consent to Children's Aid Society of Oxford County, Oxford County Community Health Centre, Wellkin and Youth Justice Services to obtain and release information with the following individuals:

1. _____ Relationship: _____
2. _____ Relationship: _____
3. _____ Relationship: _____
4. _____ Relationship: _____
5. _____ Relationship: _____
6. _____ Relationship: _____
7. _____ Relationship: _____

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 Transition Aged Youth Coordinated Response Team 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.