Consent to Obtain and Release Information – Professional 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 each other and with the following agencies:

☐ Addiction Services of Thames Valley	☐ Ontario Disability Support Program
☐ Canadian Mental Health Association	☐ Operation Sharing
☐ Community Employment Services	☐ OPP
☐ Community Options for Justice	☐ Oxford County Human Services
☐ CSCN	☐ Thames Valley District School Board
☐ 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):

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: _____

I authorize Oxford County Community Health Centre to collect, use and disclose my personal health information given by me or by the person acting on my behalf throughout my involvement with TAY-CR being entered into my patient health record.

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.

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