

CLIENT (Please Print)

DATE OF BIRTH (M/D/Y)

The protection of your privacy and the delivery of high quality care is our priority. In order to best serve you, a group of service providers are working together to support your decisions regarding your care. With your permission, we will share information within Dilico and with other agencies to assist you in developing a plan of care that is designed to support your choices and decisions. Dilico will maintain a clinical recording within our respective databases. If appropriate and with your consent, agencies may share access to your clinical record. Dilico will protect your personal information in accordance with respective Acts (i.e. the Ontario Personal Health Information Protection Act).

INTERNAL SERVICE SYSTEM - If you are in agreement with these services to obtain/release information (i.e. treatment and case management information), please indicate your authorization by checking and initialing beside each relevant service, as well indicate specific information to be shared.

/	Initial	Source	Specific Information/Documentation to be Shared
		Children's Mental Health Services	
		Dilico Health Team	
		Dilico Child Welfare Services	
		Dilico Cultural Services	
		Dilico Adult Mental Health & Addictions	

EXTERNAL SOURCES - If you are in agreement for the services/agencies listed below to obtain / release information with Dilico Mental Health and Addictions Services, please check and initial beside each source indicating your authorization, as well indicate specific information to be shared.

/	Initial	Source	Specific Information/Documentation to be Shared

Having read and understood this form, I, _____ hereby authorize the identified services of Dilico Anishinabek Family Care to obtain/release Information to/from each other and to/from the services/agencies listed above. I also understand that I can withdraw my consent in writing at any time and that I can restrict the nature and type of information shared. This signed consent is considered valid and will be reviewed and renewed annually.

- Dilico Anishinabek Family Care's *Privacy Policies and Practices* were provided and explained.
- NOTE:** Client provided **expressed verbal consent** to the process; assigned staff is responsible for obtaining required signatures and noting specific/documentation information to be shared. Date: _____

Client (12 years +)

Date

Parent/Legal Guardian/Substitute Decision Maker

Identify Relationship

Parent with Joint Custody, if applicable

Date

Witness

Date