



### Northwest Child and Youth Case Collaborative Consent Form

For the purposes of planning, providing, and/or coordinating services:

I, \_\_\_\_\_, consent that the following agencies/organizations may collect, use, and disclose only pertinent personal/health information among themselves about my child/youth \_\_\_\_\_ (name). This applies to both verbal and written/recorded information.

**The Core Collaborative Team** can include family physician, school counselor, teacher, youth worker, family member, and community counselor as indicted below.

- Calgary Foothills PCN Family Physician & Health Team
- AHS Child and Adolescent Mental Health staff
- Children’s Cottage Society
- Schools
- Trellis
- Family member
- Participative agency (guest) \_\_\_\_\_

Please do not share the following information with the following people/programs/organizations.

#### Authorization

**I understand** the professionals/organizations involved are required to protect my personal/health information; and use and disclose it only with my consent or as permitted/required by law including the Child First Act, Health Information Act, Personal Information Protection Act, Freedom of Information and Protection of Privacy Act. Personal/health information that is collected, used, and/or disclosed among the professionals involved will be maintained and kept confidential by each professional in accordance with privacy laws, and their organization’s standards and regulations.

**I understand** there is a legal obligation on the professionals/organization involved to report certain information (i.e., abuse, information about imminent harm to self and others, etc.) and that such information cannot be held in confidence.

**I authorize** professionals/organizations involved to disclose my child’s personal/health information described above to the individual or organizations(s) identified above. I understand why I have been asked to disclose my child’s personal/health information and I am aware of the risks and benefits of consenting or refusing to consent. I understand I may revoke this consent in writing at any time and that revoking my consent will not affect any action already taken by professionals/organizations or recipients of the personal information, before they received written notice of my revocation, or affect future service.

Child/youth, or parent/guardian/substitute decision maker	Witness	Date
This consent is effective until (limit two years)	Name of organization	Organization representative