

Consent to Share Personal Information

Under Part X of the *Child, Youth, and Family Services Act, 2017 (CYFSA)*

Case Number: _____

Personal Information: I understand that my personal information may include my date of birth, contact information, records of meetings with me and/or my family, the services I or my child received, the programs I or my child attended, details of physical and mental health, medical, psychological or psychiatric reports, school information, financial information, employment history, allegations or findings of child maltreatment, court documentation, police interventions, criminal history, my or my child's views or opinions, the views and opinions of others about me or my child and information about my or my child's race, ancestry, place of origin, colour, ethnic origin, citizenship, family diversity, disability, creed, religion, age, sex, sexual orientation, gender identity, gender expression, cultural or linguistic needs, marital or family status.

I want _____
(Print name and address of person/organization you want to receive your information)

To Collect Share

my personal information _____
(Print your name & date of birth)

Or

the personal information of _____

(Print the name and date of birth of person(s) for whom you are the substitute decision-maker*)

From _____
(Print name and address of person/organization you want to send your information – this gives permission to disclose)

LIMITS (if any)

I wish to list or limit what person information can be collected and disclosed as follow:
Describe the specific personal information you would like shared or any limits on what you do not want shared.

My consent extends to _____.
(only day/month/year will be accepted)

NOTICE (If you agree, please check each box):

- I have a copy of FCSLLG's Notice of Information Practices
- If I have questions about my choices about sharing personal information, I understand I can ask questions before I sign this.
- I understand that I can choose to sign this form or choose not to do so – if I choose not to, I will be told what that means.
- I understand that there are situations where Family & Children's Services does not need my permission to collect, use, or disclose personal information such as when that is necessary to protect children or others and for other reasons allowed by law.

SIGNATURE

My name: _____

My contact information if there are questions: _____

Signature: _____ **Date:** _____

My authority if Substitute Decision-Maker*: _____

*Please note: A substitute decision-maker is a person authorized under CYFSA to consent, on behalf of an individual, to the collection, use, or disclosure of personal information about the individual, or under the Personal Health Information Protection Act to consent, on behalf of an individual, to the collection, use, or disclosure of personal health information about the individual.