



INFORMED CONSENT FORM: Collection, Use and Sharing of Personal Information (To be signed by individuals & referring agency)

The Community Care Program is a committee of several agencies who meet regularly to support individuals and families and communities by building on their strengths to attain positive and possible goals. The Community Care Program will work with people, families, and communities using person-centered processes that respect the core values of Safety, Integrity, Compassion, Inclusivity, Empowerment, and Resilience.

Name _____

Phone _____

- I want to be supported by the Community Care Program.
- I understand that my personal information, and if applicable, health information, will be discussed respectfully in a limited capacity with only those agencies currently involved with me and/or my family, and with the individuals and agency members who are part of my support team. I authorize the sharing of my personal information with government departments, external agencies and/or service providers for this purpose.
- I understand that the agencies involved in my Community Care Program may include, but are not limited to: School, Police, Probation/Justice, Housing, Health, Mental Health, Employment and Income Assistance, Child and Family Services, Victim Services and Genesis House. Support Team members will only discuss information specific to my circumstances, and planning toward my positive and possible goals. I understand that my personal information is protected by the Freedom of Information and Protection of Privacy Act (FIPPA), The Personal Health Information Act (PHIA). I authorize the agencies who are privy to this information to respectfully share information in accordance with the above noted legislation.
- I understand that information cannot be shared without my permission EXCEPT: 1. when there may be danger to me or to another person, when the team may take necessary steps to prevent this danger; 2. When there is information suggesting that a child is in need of protection or is at risk of being abused, the team must inform Child and Family Services to ensure that the child is protected.
- I understand that this information may be kept on file by community agencies and members for duration of time in accordance with their record keeping policies.
- I understand that I may cancel or change this consent at any time through communication with any member of Community Care Program.
- I authorize the Community Care Program to collect, share, and use my personal information to support me and my family.

Participant Signature

Date

Agency Designate Signature/Witness

Date