|  |  |
| --- | --- |
| **I** |  |
|  | *(Print your full name)* |

**Give permission for** SIMCOE MUSKOKA FAMILY CONNEXIONS

**(check all that apply)**

  to Collect

**to Disclose**

|  |  |
| --- | --- |
| my personal information: |  |
|  | *(Print your name (caregiver or capable person) and date of birth)* |

**And/Or (circle one)**

|  |  |
| --- | --- |
| the personal information of: |  |
|  |  |
|  |  |
|  |  |
|  | *(Print the name and date of birth of person(s) for whom you are the substitute decision-maker. See notes below)* |

**Your relationship/authority related to the children named above:**

|  |  |
| --- | --- |
| **From/To:** |  |
|  | *(Print name and address of person/organization you want to send/provide your information)* |

**Limits (if any)**

I wish to list or limit what personal information can be collected and disclosed as follows:

|  |
| --- |
|  |
| *(Describe the specific personal information you would like shared or any limits on what you do not want shared)* |

# I have received a copy of the Simcoe Muskoka Family Connexions Notice of Information Practices

# 🡨 (please initial)

# Signature:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| My contact information if there are questions: | |  | | |
| Signature: |  | | Date: |  |

**Instructions for signed document:**

1. Scan document via cell phone or office scanner.
2. Attach scanned document to electronic client file as per the agency’s Scanning Practices.
3. Use the contact log purpose ‘Personal Information Consent – New’ to document when consent is obtained.
4. Provide copies of this document to the people/organizations listed to provide information.
5. Leave original document with document signer or shred paper copy.

**Notes:** When consent is required under Part X and the agency’s privacy policies, the following authorized persons may give consent:

1. The individual, if the individual is capable.
2. A capable child or youth under the age of 16. The individual child or youth must consent to the release of their own information.
3. A custodial caregiver to the incapable child or youth. If there is more than one caregiver or person who has custody (joint custody), each individual custodial caregiver has the right of access to the records of their children or youth and only one custodial caregiver’s consent is required to collect and/or disclose information regarding the children or youth.

Note: the caregiver or person with lawful custody may not consent if the information to be disclosed relates to “treatment” (as defined under the *Health Care Consent Act, 1996*) about which the child or youth has made their own decision or “counseling” (as defined under the *Child, Youth and Family Services Act, 2017*) about which the child participated on their own. (That means, if a child or youth consented to the treatment or counseling on their own, a caregiver cannot consent to the release of that information on behalf of the child or youth). If there is a disagreement between a capable child or youth and the custodial caregiver about the release of information, the capable child or youth’s wishes prevail.

1. A substitute decision-maker, if the individual is incapable. The following is a prioritized list of possible substitute decision-makers, meaning if someone or a group outranks another person or group lower on the list, that higher ranked person or group is the substitute decision-maker(s).

* Substitute decision-maker under the *Health Care Consent Act*, for specified purposes.
* The individual’s guardian of the person or guardian of property, if the consent relates to the guardian’s authority to make a decision on behalf of the individual (please ask to see a copy of the documentation).
* The individual’s attorney for personal care or attorney for property, if the consent relates to the attorney’s authority to make a decision on behalf of the individual (please ask to see a copy of the documentation).
* The individual’s representative appointed by the Consent and Capacity Board, if the representative has authority to give the consent (please ask to see a copy of the documentation).
* The individual’s spouse or partner.
* A child or parent of the individual, or a children’s aid society or other person who is lawfully entitled to give or refuse consent in the place of the parent [Note: This paragraph does not include a parent who has only a right of access to the individual. If a children’s aid society or other person is lawfully entitled to consent in the place of the parent, this paragraph does not include the parent.]
* A parent of the individual with only a right of access to the individual.
* A sibling of the individual.
* Any other relative of the individual.

1. An estate trustee, in the case of a deceased individual (unless the individual has been deceased for more than 30 years, in which case the information is no longer personal information).