



Children's Mental Health of Leeds & Grenville

CONSENT TO THE PROVISION OF SERVICE

NAME OF CLIENT: _____ D.O.B.: _____

CLIENT ID: _____

NAME OF PARENT/LEGAL GUARDIAN (where appropriate): _____

- 1) This consent is valid until the completion of service with Children's Mental Health of Leeds & Grenville (CMHLG).
- 2) The principles of dignity, respect without discrimination, privacy and confidentiality guide our work.
- 3) Services offered by CMHLG are voluntary. I understand that I will be informed of all services in which I will be involved. These services are outlined during the orientation to CMHLG.
- 4) Information shared by or about me is stored and shared according to Ontario's Personal Health Information Protection Act (2004). With consent, information may be shared with other service providers involved in my child's care as stated in the Act unless I instruct otherwise. I understand that, within limits, information shared by me is confidential within this agency and limitations, such as described on the back of this sheet, have been explained. I understand that CMHLG is required to obtain my informed and written consent before releasing or obtaining any information to service providers beyond this agency.
- 5) I understand that I may ask to view my records in accordance with CMHLG's policies and procedures.
- 6) Services will encourage communication and participation of my family which may require written consent in order for CMHLG to share information with family, Substitute Decision Maker, or Power of Attorney for Personal Care.
- 7) I understand this agreement may be terminated either by myself or CMHLG at any time and the understanding of consent ends with the termination of services.
- 8) I understand that from time to time my file may be reviewed by representatives of the Canadian Centre for Accreditation as part of this agency's accreditation process. This review is to assess our agency's practices in accordance with Accreditation Standards to provide the highest standards of quality service. No information contained in my file will be copied or removed as part of this process.
- 9) If I have a shared custody or access arrangement with another caregiver for my referred child, I will disclose the terms of this arrangement to CMHLG. I will also inform the other caregiver, if applicable, that we are seeking services. (Review custody access form).

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THINGS YOU SHOULD KNOW

Assessment and Intervention: Assessment involves the collection of information from you and about you to determine the exact nature of the difficulty you are experiencing. On a case-by-case basis, staff may also seek input from other Specialized Service Providers such as a Psychologist, Psychiatrist or Pediatrician. Results will be discussed with you. You and CMHLG Staff will develop a service plan together. Your service plan will be reviewed with you to indicate your participation and agreement with the plan. We work with community partners and encourage service coordination.

What are the risks and benefits? The risks and benefits of all assessments and interventions proposed will be provided to you and you are encouraged to ask questions to ensure complete understanding.

What about confidentiality?

CMHLG is bound by the provisions of the Child and Family Services Act (1990), the Personal Health Information Protection Act (2004) and other relevant legislation. Information will not be shared with others unless there is:

- a) An imminent (immediate, serious) risk to yourself or someone else.
- b) A disclosure that a child or youth (under the age of 16 years) is being, has been or is at risk of being harmed or abused in any way.
- c) A disclosure that a health professional sexually abused or behaved unprofessionally towards you.
- d) The agency is subpoenaed to provide records as part of a legal proceeding.

Program Evaluation and Feedback: Non-identifying information from records or evaluation forms that you provide may be used for program evaluation to inform practice including student training, supervision and management practices. No information that identifies you individually will be used. If you have concerns or want your information excluded please let staff know. Your feedback is important for improving our services.

Ethical Concerns: CMHLG endeavors at all times to engage in ethically sound services. If you have an ethical concern or question about our services, please discuss with staff.

Concerns/Compliments: If at any time you have a concern or compliment, CMHLG has a complaints and compliment policy. While CMHLG encourages a concern to be resolved with the staff involved, it is understood that there may be a need to request that the concern be reviewed by management. We will treat all of your concerns and compliments with the utmost respect and confidentiality and seek to resolve your issues as quickly as possible. We consider all concerns and compliments opportunities for learning, growth, and improving the services we offer.

Evaluation: Your participation in evaluation of the quality of services received is entirely voluntary and will in no way affect your treatment or access to services at any time. We value your input.

My signature indicates that I understand the above information.

_____	Client (Age 12 and older)
_____	Parent/Guardian
_____	Parent/Guardian
_____	Staff/Witness
_____	Date



Children's Mental Health of Leeds & Grenville

Client unable to sign: Reason _____