



# 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), including any follow up that may occur within 3 months of completion of service.
- 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 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 for continuity of care, information outlining my progress in therapy will be shared with my Primary Health Care Provider.

I do not wish for this information to be shared (initial here): \_\_\_\_\_.

- 6) CMHLG values family support and collaboration; as well as service coordination with other agencies. This may require my consent to be obtained prior to sharing information with others.
- 7) I understand that I may ask to view my records in accordance with CMHLG's policies and procedures.
- 8) 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.
- 9) 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.
- 10) 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 develop a service plan. 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, Youth and Family Services Act (2017), 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 18 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.

### Services Evaluation:

- a) I understand that non-identifying information about the services I am receiving is shared with the Ontario Ministry of Health (MOH). This information is sent for better service planning in our region and in our province. This shared information does not include any information about what is said in sessions, or any documents from the file.
- b) At different times throughout service, you may be asked for feedback or to complete questionnaires. Your participation in the 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.

**Supervision:** In order to deliver the best quality of service, clinicians are provided with clinical supervision. Your information may be discussed in supervision sessions, or with other clinicians who are also bound by confidentiality and legislation.

**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:** We consider all concerns and compliments opportunities for learning, growth, and improving the services we offer. 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.

**My signature indicates that I understand the above information.**

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

**Client unable to sign: Reason** \_\_\_\_\_