

**Service Coordination Support (SCS)
for People with Developmental Disabilities
150 Montreal Rd, Suite 200 Ottawa, Ontario K1L 8H2**

Consent for Collection, Use and Disclosure of Information

Service Coordination Support (SCS) for People with a Developmental Disability is a non-profit, provincially funded agency serving adults and children with developmental disabilities and children with autism. We help individuals and their families plan for and connect with community resources. SCS complies with *Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008* and the *Personal Health Information Protection Act, 2004*.

Please initial all sections

_____ I understand that, in order to connect me to third party service providers who best meet my needs, it will be necessary for SCS to disclose my personal information to agencies. SCS will balance the need to maintain my confidentiality with the need to provide agencies with sufficient information to assess their ability to provide high quality services that promote safety and security for all, which means a duty to warn service providers when it is necessary and appropriate to do so. This shall only be done in a manner consistent with SCS's Privacy and Confidentiality Policy, a copy of which is available at <http://scsonline.ca/>.

_____ I understand I can seek legal advice about this consent and that at any time I may remove my consent, request access to my records, request a correction of information, or if I believe any of my privacy rights have been violated in any way, contact the Privacy Officer at: Privacy@scsonline.ca

_____ I acknowledge that the Ministry may collect my personal information for purposes relating to administering the Act and regulations, monitoring, reviewing and planning for services and support needs in the community.

Examples of collection, use and disclosure (for complete list see policy at <http://scsonline.ca/>)

1. Provide you with information about services for persons with developmental disabilities and/ or autism in Ottawa
2. Assist you with completing the registration process to access these services
3. Assess your individual needs and help you develop your goals
4. Provide info to you or organizations providing services for persons with developmental disabilities to whom you are referred
5. Refer you to the appropriate services (including Developmental Service agencies, Outside Paid Resources and to services in the broader community)
6. For clients of DSOER, this may include;
 - a) provincial database rights to support Urgent Response,
 - b) referrals to Justice Transition Home,
 - c) Ministry of Children, Community and Social Services (MCCSS) Passport Program referral after eligibility confirmation, to: transfer of information to Passport database, Passport agency contact with you to inform you of an offer of Passport approval, and sharing the Passport service registry list with the Passport payment agency – Passport One.

Name of applicant: _____ **Date of Birth:** _____

I give SCS consent to:

- Collect personal health information pertaining to the above named person**
 Disclose personal health information pertaining to the above named person to third party service providers which I have consented to or to other organizations that may be able to offer its services to me.

You have control over your personal health information and have the right to restrict what happens with it. Please outline restrictions, if any:

Restrictions:

None apply:

CONSENT GIVEN BY:

_____ Signature or mark of person requesting/using service	(Date) _____
_____ Signature of parent/guardian (where required by law)	(Date) _____
_____ (Witness)	(Date) _____

NOTES: Consent to the disclosure, transmittal or examination of a clinical record may be given by the client/applicant, where mentally competent, or where the client/applicant is not mentally competent, by the person authorized under Section 35 of the Mental Health Act. The Act states where the person does not have capacity, such information may be given to any person with the consent of the person entitled, to give or refuse consent on behalf of the person under the Health Care Consent Act 1996, or of the representative appointed under section 35. No documentation is required if the substitute decision maker is the highest ranking relative in accordance with S. 26 of the Personal Health Information Protection Act 2004.

From time to time, SCS may be approached by research institutions who request access to our records for research purposes. Only aggregate data will be used for these studies and these institutions will not be authorized to disclose any identifying information without your express consent. If you prefer that your records not be reviewed for research purposes, your services at SCS will not be affected in any way.

_____ I agree that my records may be used for the purposes of research studies as described above.