

Consent to the Release of Confidential Information

This form is to be used when requesting information from an educational institution/agency.

PLEASE PRINT

I/We _____
Full Name

of _____
Address

hereby consent to the release of the following information:

- | | |
|--|--|
| <input type="checkbox"/> Psychiatric information | <input type="checkbox"/> Social Work information |
| <input type="checkbox"/> Psychological information | <input type="checkbox"/> Speech-Language information |
| <input type="checkbox"/> Other (please specify): _____ | |

compiled/prepared by _____
Name of Educational Institution, Agency or Person

Address

in respect of _____
Name of Student

Date of Birth (i.e. January 1, 1990)

School

to _____
Name of Educational Institution, Agency or Person

for the purpose(s) of

- | | |
|--|---|
| <input type="checkbox"/> Educational planning | <input type="checkbox"/> Co-ordination of service |
| <input type="checkbox"/> Other (please specify): _____ | |

Special Instructions: _____

Signature of Person Giving Consent

Relationship to Student

Signature of Student (if applicable)

Signature of Witness

Dated this _____ **day of** _____, **20** ____ .

This consent form remains valid until*: _____

Date (i.e. December 31, 2008)
(Maximum one year from date of signature)

* Authorizing person(s) may cancel or change the above authorization in writing at any time prior to the expiry date, unless action has already been taken on the basis of the authorization. Please refer to the "Instructions for Ensuring Informed Consent for the Release of Confidential Information" on the reverse page when filling out this form.

Consent to the Release of Confidential Information

INSTRUCTIONS FOR ENSURING INFORMED CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

These instructions accompany the "Consent to the Release of Confidential Information" form. To complete this consent, a parent, guardian, or student (where applicable), must be fully informed and understand the following:

1. What specific information is to be disclosed

Specific pieces of information should be indicated, including Attendance Services' information, Psychiatric information, Psychological information, Physiotherapy information, Occupational Therapy information, Social Work information and/or Speech-Language information. Parents, guardians, or students (where applicable), have the right to determine which information is to be released and need to be informed about which information is relevant for the purpose specified (see below). They also need to be aware that limiting access to pertinent information can make it difficult to meet the student's needs appropriately.

2. For what purpose the information is to be disclosed

The information may be used for educational planning and/or the co-ordination of services. Other purposes can also be specified. When releasing information to an outside agency or institution, the information may be used for the provision of their services.

Under **Special Instructions**: the parent, guardian, or student (where applicable), may wish to indicate other specific instructions about the disposition of the confidential information. For example, they may wish to have a copy of the confidential information placed in the student's Ontario Student Record. They may wish the information to remain in confidential psychological files (i.e. files supervised by a registered Psychologist). They may wish a copy of the information to be placed in both locations. They may wish to indicate that the confidential information must be destroyed after a specified time period (bearing in mind that legislation may stipulate a period of time during which the information must be retained). Any of these conditions should be noted.

The consent to release the information is valid for no more than **one year** and may be specified to be less than a year. The consent includes a statement indicating that it may be rescinded or amended at any time. This request must be made in writing and would rescind or amend the consent except where action has already been taken in reliance on the original authorization.

The authorizing signature on the consent indicates the parent's, guardian's or student's agreement to the disclosure of the specified confidential information, to the specified institution/agency/person for the specified purpose, under a specific set of conditions.

Parents, guardians, or students (where applicable), should be given a copy of the original signed consent form to keep for their own records.