NIAGARA CHILDREN'S CENTRE GUIDE FOR OBTAINING CONSENT FOR INFORMATION SHARING

FOR COMMUNITY PARTNERS

Note: This form does not need to be submitted to Niagara Children's Centre when making a program/service referral or SmartStart Hub Referral. Verbal attestation of the staff member making the referral that consent has been collected as per this form is sufficient.

Client Information (for Community Partner records only, if required)

Client Name: _____

Date of Birth: _____

Substitute Decision-Maker: _____

Relationship: _____

Address: _____

Niagara Children's Centre provides programs and services for children with suspected or diagnosed physical, developmental and/or communicative delays.

The SmartStart Hub at Niagara Children's Centre is an entry point for families to access children's development services. Families may contact the SmartStart Hub directly to explore services within Niagara or families can be referred to the SmartStart Hub through a community partner.

Your consent is required to share your/the child's personal health information with Niagara Children's Centre 1) for the purpose of a Niagara Children's Centre program/service referral **and/or** 2) for the purpose of a SmartStart hub referral to support exploration and coordination of services for you/the child **(describe purpose).**

The information you provided on this form is private and confidential, Niagara Children's Centre will not share it with anybody outside of Niagara Children's Centre without your consent, except to protect life or safety or when permitted by law. The personal health information shared will become part of the child's health record that will be maintained by Niagara Children's Centre.

Non-electronic information sharing:

I _____ or I, _____ on behalf of _____ consent to:
    (Name of Client)   (Name of Substitute Decision Maker)   (Name of Client)

☐ The collection, use and disclosure (sharing) of my/the child's personal health information for the purposes set out above.

☐ Service referral(s) for assessment at **Niagara Children's Centre (describe each service referred to, as applicable)**

☐ Add this information to the Ministry of Children, Community, and Social Services database (if applicable) and Niagara Children's Centre electronic health record

☐ Sharing info between the Niagara Children's Centre and staff at the organization facilitating this referral who are involved in the child's services

☐ I understand that I may withdraw my consent or limit my consent to the sharing of personal health information as set out in my instructions below. I may also withdraw my consent by notifying Niagara Children's Centre in writing. I understand that withdrawal of consent will only apply going forward and not to information that has already been shared.

Instructions

_____
_____
_____
_____
_____
_____
_____
_____
_____

Electronic Information Sharing:

☐ I consent to sharing my personal health information using the secure, online Caredove referral portal used by Niagara Children's Centre

> Note: Caredove protects all personal health information according to provincial and federal standards. For more information about Caredove's Terms and Conditions, Privacy Policy, and Privacy and Security practices, go to https://about.caredove.com/legal.

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Client or Substitute Decision Maker (print)   Signature   Date

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For completion by Staff Member obtaining verbal consent:

I have reviewed and discussed the contents of this Consent to Information Sharing guide with the client/substitute decision-maker and the client/substitute decision-maker has provided their verbal consent to the information sharing and referral(s) as indicated above.

I confirm a parent with custody/legal guardian has provided this consent. In the event that the parent with custody/legal guardian has not provided consent, I confirm that the necessary Niagara Children's Centre practices for substitute decision makers have been followed (i.e. submission of Niagara Children's Centre Difficulty Contacting Legal Guardian for Consent Form or Authorization Form(s) have been submitted to Niagara Children's Centre as part of this referral.

_____   _____   _____

Name of Staff Member   Organization   Role

_____   _____

Signature of Staff Member   Date