



AUTHORIZATION FORM FOR COMMUNITY PARTNERS

Tel: 905-688-1890 ext. 110 | Fax: (905) 688-9181
567 Glenridge Avenue, St. Catharines, ON L2T 4C2

Attention Parent with Custody/Legal Guardian:

This form authorizes another person to act on your behalf or participate in Niagara Children's Centre services when you are unavailable. This authorization does not grant your representative full access to the health record and it can be withdrawn at any time by contacting the Niagara Children's Centre. This authorization can only be given by the client or their legal guardian/substitute decision maker.

Authorization:

Client Name: _____ Date of Birth (DD/MM/YYYY): ___/___/___

Authorization Given By:

Name: _____ Relationship: _____ Cellphone number*: _____ - _____ - _____

Street name and Number: _____ **used for text reminders*

City: _____ Postal Code: _____

Authorization Given To (Representative):

Name: _____ Relationship: _____ Phone number: _____ - _____ - _____

- Representative is authorized to schedule and attend appointments
- Representative is authorized to complete the intake
- Representative is authorized to exchange information with Niagara Children's Centre to facilitate service delivery

OR

- Representative is only authorized for the following (please describe):

Parent with Custody/Legal Guardian understands they will be contacted by Niagara Children's Centre to complete the intake process (unless otherwise specified above) and to provide consent for assessment and treatment of the child.

Consent/Attestations:

Community Partner attests to the following:

- I have reviewed his form with the parent with custody/legal guardian named above and completed this form as per their explicit direction.
- I have reviewed and discussed the contents of this SmartStart Hub at Niagara Children's Centre/ Niagara Children's Centre Consent to Information Sharing form with the parent with custody/legal guardian and the parent with custody/legal guardian has provided their verbal consent for the following purposes:
 - The collection, use and disclosure (sharing) of the child's personal health information for the purposes listed in the Consent Form.
 - Service referral(s) to Niagara Children's Centre as indicated on Referral Form.
 - Adding this personal health information to the Ministry of Children, Community, and Social Services database (if applicable) and Niagara Children's Centre electronic health record
 - Sharing information between the Niagara Children's Centre and staff at the agency facilitating this referral who are involved in the child's services
 - The parent with custody/legal guardian understands that they may withdraw consent or limit their consent to the sharing of personal health information as set out in their instructions below. They may also withdraw their consent by notifying Niagara Children's Centre in writing. They understand that withdrawal of consent will only apply going forward and not to information that has already been shared. Consent limitation instructions:

Community Partner Name: _____

Community Partner Physical or Electronic Signature: _____

Date (DD/MM/YYYY): ____/____/____
