



**CONSENT TO TREATMENT AND
RELEASE OF CONFIDENTIAL INFORMATION**

I am a parent with custodian authority over a child less than 16 years of age.

I understand that my child and I have certain rights under the Health-Care Consent Act 1996 and the Personal Health Information Protection Act 2004.

I hereby declare that I understand the nature, expected benefits, materials risks, and alternatives of the treatment and activities to be delivered at the Centre, have been granted additional information regarding the treatment where requested, and I hereby consent to such treatment on my child's behalf.

I acknowledge being advised that the Executive Director of the Dave Smith Youth Treatment Centre (DSYTC) is the health information custodian to whom I may make a request for access to my clinical record, to request a correction of the information in the record, or to make a complaint to the Privacy Commissioner of the province of Ontario. I also understand that a consent previously given may be withdrawn in whole or in part.

I understand that, notwithstanding the fact that my child is less than 16 years of age, s/he may withdraw a consent given by me to provide information even though it may conflict with my decision and that it shall prevail over a conflicting decision of mine.

I hereby consent to the collection, use and disclosure of private and confidential information provided by my child, directly or indirectly, and hereby authorize the DSYTC and its staff as follows:

1. to provide to the referring and/or aftercare addiction treatment provider written and verbal interim and final reports about my child's assessment, progress and final care plan during the course of his/her treatment at the Dave Smith Youth Treatment Centre; and
2. to collect, use and disseminate private confidential information collected during testing, interviews, assessment and treatment processes which information will be stored in an electronic format and be subject to the information protection practices to comply with the Act; and
3. to the collection and use of such private and confidential information in audio/video format taken for the purpose of service documentation, quality assurance monitoring, supervisory analysis and feedback, outcome evaluation as well as internal/external staff training purposes.

This consent will automatically expire in 12 months from the date it was signed.

Client Name (Print)

Date

Custodian Name (Print)

Custodian Signature