Disclaimer: *This template is provided for planning and informational purposes only and should be adapted to suit your specific context. You must include appropriate details about how personal information and data will be collected, used, stored and protected in accordance with applicable legislation, including the Freedom of Information and Protection of Privacy Act (FIPPA) and other relevant laws or institutional policies. You are responsible for ensuring that your final document complies with all legal and regulatory requirements.*

Acknowledgement: *This template was adapted with permission from materials developed by John Howard Society, Foundry Campbell River, and Foundry Comox Valley.*

Creating Your Circle of Care

Consent to Collect, Use or Disclose Information

By signing this form, I, _____, give my informed consent to participate in services at *[insert location name]*, including the collection of relevant personal information so services I have agreed to can be provided. To tailor services, I give permission for my information to be shared between staff of program: _____, and the following people/agencies:

Select		Name	WHAT CAN BE SHARED* MIN	BASICS	ALL
	Clinic staff				
	Medical				
	Psychiatrist				
	Mental Health				
	Social Worker				
	Education				
	Employment				
	Parent/Guardian				

***Explanations of what can be shared:**
MIN (Minimum) = that you're coming to appointments and participating.
BASICS = a little about what you're working on (for example: "we talk about school and anxiety")
ALL = everything that's going on.

Restrictions to consent: _____

I have had the limits to confidentiality explained to me and I understand the limits. I know I can cancel my consent at any time by telling *[insert name]*.

☐ This consent is for 90 days.
☐ This consent is for one year.

Consent Expiry Date _____ Client Signature _____ Date Signed _____

Witness Name (print) _____ Witness Signature _____ Date Signed _____

*Parent/Legal Guardian Name (print) _____ *Parent/Legal Guardian Signature _____ Date Signed _____

*Consent must be obtained from parent/legal guardian if client is under 12 years old or an adult incapable of providing informed consent.

[Insert your privacy policy]