

JEWISH FAMILY AND CHILD SERVICE OF GREATER TORONTO ("JF&CS")
Specific Consent to Collection and Disclosure of Client Information
- Single Client -

JF&CS wishes to provide you with service that meets your needs. This may involve the collection, disclosure or sharing of client information about you between JF&CS and other individuals or organizations involved or previously involved with you.

I freely consent to and authorize JF&CS: _____
(Please state program(s))

☐ collecting my client information from:

☐ disclosing my client information to: **or**

☐ collecting my client information from and disclosing my client information to:

Person or Organization (Third Party's name)

Name: _____ Contact Address: _____

Phone Number: _____

Limitations (if any) on the Collection or Disclosure of Client Information:

I understand that I may withdraw this consent at any time by contacting my worker or the Privacy Officer at JF&CS. For questions regarding consent please contact the JF&CS Privacy Officer at privacy@jfandcs.com, Tel 416-638-7800 ext. 6636.

Please provide the purpose and description of the client information (which could be personal health information or personal information) to collect from or disclose to third party (worker to complete):

Client Name: _____
(Please Print)

Date of Birth: _____
(mm/dd/yyyy)

Phone Number _____

Client Signature: _____

Client Address: _____

Today's Date: _____
(mm/dd/yyyy)

Name of Witness

Relationship to Client

Signature of Witness

Date (mm/dd/yyyy)

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-or-

Substitute Decision Maker (SDM)* Name: _____

(Please Print)

Relationship to client: _____

Today's Date: _____

(mm/dd/yyyy)

Substitute Decision Maker Signature: _____

Supporting SDM Documentation Attached? ** YES ☐ NO ☐ Is the SDM the Highest Ranking SDM***?: YES ☐ NO ☐

Name of Witness

Relationship to Client

Signature of Witness

Date (mm/dd/yyyy)

(If there is a second custodial parent)

Substitute Decision Maker (SDM)* Name: _____

(Please Print)

Relationship to client: _____

Today's Date: _____

(mm/dd/yyyy)

Substitute Decision Maker Signature: _____

Supporting SDM Documentation Attached? ** YES ☐ NO ☐ Is the SDM the Highest Ranking SDM***?: YES ☐ NO ☐

Name of Witness

Relationship to Client

Signature of Witness

Date (mm/dd/yyyy)

* Generally, SDM may only sign if person is incapable.

**If the SDM is a guardian, ask for the court order and make a copy for the file. If the SDM is an attorney for personal care, ask for the power of attorney for personal care and make a copy for the file.

***The list of SDMs in priority order is: guardian of person, attorney for personal care, representative appointed by Consent & Capacity Board, spouse/partner, child/parent (includes CAS), parent with access right, sibling, any other relative, Public Guardian and Trustee.

Verbal Consent

☐ **Consent Discussion with the Client**

As a JF&CS staff, I explained the purposes of collecting, using or disclosing the Client's information. I explained the need for consent from the Client. I explained the form to the Client over the telephone/video conference. I reviewed the consent form in its entirety with the Client, and answered all of the Client's questions. The Client provided verbal consent to the purpose(s) described above.

Name of JF&CS Staff

Relationship to Client

Signature of JF&CS Staff

Date (mm/dd/yyyy)

<<This Consent is valid while the client is receiving services from JF&CS. If the file is closed and reactivated at a later date, a new Consent shall be obtained>>

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Instructions to complete the form

This third party consent form allows JF&CS staff to seek consent from a family with children who may be capable of giving consent. The client's substitute decision-makers can also consent on behalf of the client for a third party to collect, use or disclose their information, e.g., seeking information from a psychologist, physician, school teacher, etc.

Completing the form

- a. State your JF&CS program, e.g. child welfare or family service
- b. Select one of the checkboxes. The third checkbox is for two-way consent.
- c. State the third party's name and contact address of the third party (person or organization) that you want your client to consent to collect, use or disclose their personal information (PI) under Part X of the *Child, Youth and Family Services Act, 2017* (CYFSA) which governs Child Welfare or personal health information (PHI) under *Personal Health Information Protection Act, 2004*, (PHIPA) which governs Family Service programs.
- d. If there are any limitations on their PI or PHI, client should state such limitations not to be discussed or shared with the third party. In otherwise, you can see the limitation as boundaries for your worker's call, e.g., worker to collect or use or disclose only XZY, nothing else beyond XZY. Or client can say worker cannot talk about e.g., ABC.
- e. State the purpose and describe the information that you want to collect, use or disclose to or by the third party for which you are seeking the client's permission. Worker to complete this.
- f. Ask clients to complete their name, DOB, and sign to show consent. Repeat for all clients capable of giving permission/consent
- g. Ask the SDM to complete their portions. Both children and their parents/SDMs can complete the form together.
- h. Witness: the clinician or worker may serve as a witness
- i. If the client and SDM cannot sign, Staff/workers have the option of reading the form to clients/SDMs and making sure they understand the purpose of collecting, using or disclosing their client's information for which they are seeking the client's verbal consent. Also, staff must explain any consequences of withholding consent, such as barriers to service, etc.