



**Informed Consent for the Examination, Disclosure, Transmittal, and/or Communication of Information in a Clinical, Medical, Record or File.**

I/We: \_\_\_\_\_  
*(client 12 yrs and older)* *(address)*

\_\_\_\_\_  
*(parent/guardian if required)* *(address)*

\_\_\_\_\_  
*(parent/guardian if required)* *(address)*

consent to the examination, disclosure, transmittal and/or communication of information compiled with respect to the person(s) named below:

\_\_\_\_\_ born on: \_\_\_\_\_  
*(client name)* *(date: dd - mm - yyyy)*

Between: **Carizon Family and Community Services and Lutherwood** (Mental Health Services) and the party (e.g., the Agency, Professional, etc.) named below:

\_\_\_\_\_  
*(name of agency, hospital, or professional, etc.)* *(address)*

For the purpose of assessment, treatment planning, case management, OSR review, service coordination, and/or

\_\_\_\_\_  
*(other purpose or reason)*

This authorization is effective on \_\_\_\_\_ and for twelve months following.  
*(date: dd - mm - yyyy):*

This consent may be withdrawn or amended (changed) in writing at any time prior to the expiration date, except on action(s) already taken on the authority of the consent.

\_\_\_\_\_  
*(signature: person 12 years or older)* *(date: dd - mm - yyyy)* *(signature of witness)*

\_\_\_\_\_  
*(signature: parent/guardian or authorized adult)* *date: dd - mm - yyyy)* *(signature of witness)*

\_\_\_\_\_  
*(signature: parent/guardian or authorized adult)* *(date: dd - mm - yyyy)* *(signature of witness)*

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Carizon Family and Community Services and Lutherwood have combined resources to offer Front Door – a great first step for families and young people who have concerns that relate to behavioural or emotional mental health concerns.



## NOTE:

- 1) This form is completed only after “informed consent” has been explained to the client and where opportunity has been provided for the client and/or family members to ask questions and seek any clarification regarding the purpose of obtaining the type of information listed (See reverse side for information on giving “Informed Consent” and the “Age of Consent in Ontario”).
- 2) A consent is completed for one individual; separate consents are required for each individual family member.
- 3) Blank consents are not permitted to be kept on file.

## INFORMED CONSENT:

- “Informed consent” for the release of information, means that you have had the opportunity to have “consent” explained to you in a manner that is understandable (e.g., language and concepts), the reasons or purpose that you are agreeing (consenting) to release personal information to us, as well as how the released information is going to be used by kidsLINK and Lutherwood in helping you. Informed consent also means that you have been given the opportunity to ask questions about the consent at any time before or after signing, and that you can even get another opinion at any time.

## AGE OF CONSENT IN ONTARIO:

- While 18 years of age is the age of majority in Ontario with respect to a person’s legal ability to enter into contracts, there is no fixed “age of consent” for treatment. As a general rule:
  - for **clients under the age of 12**, consent should be obtained from the parent(s) or legal guardian(s) of the young person;
  - for **clients 12 to 15 years of age**, a service provider should initiate a discussion with the young person and make an assessment as to whether the young person can give consent on their own. *The Child and Family Services Act (1990)* gives the authority for children 12 years of age and older to consent to counselling, without anyone else’s consent. However, the Act also directs a service provider (where the young person is under 16 years of age) to discuss with the young person as soon as possible the value of involving his/her parents/legal guardian. Therefore, with the young person’s permission, the parents can and should be involved in the decision, and consent may be obtained from both the principal client and the client’s parent(s)/legal guardian; anyone under the age of 16 requires parental/guardian consent for admission to residential treatment;
  - for **clients aged 16 and above**, the service provider (in the absence of evidence to the contrary), acknowledges that the young person can provide consent on his or her own behalf;
  - in each of these cases, although a young person is capable of providing consent on his or her own behalf to treatment and the collection, use and disclosure of personal information, no person under the age of 18 can enter into a legally binding contract;

## CONSENT PERIOD:

- All consents are valid for a 12 month period from the date of signing. Consent may be withdrawn or the terms changed by stating such in writing (at any time); however, where a consent has been acted upon, that action cannot be reversed, but with written notice all further action taken on the consent will stop.
- All information obtained about me (*the client*) and/or my family remains confidential while I am involved in a Carizon/ Lutherwood program or services and continues confidential after the program or service ends. Lutherwood/Carizon cannot release any information gained under signed consent, or gained throughout the program/service to another party without my informed consent (except under the limits of confidentiality as explained in the program/service agreement).

## PARENTS SEPARATED/DIVORCED:

- Custodial parents (joint custody) are required to sign, and parents with “access” providing appropriate documentation, are provided with information related to the program/service in which their child is participating.