CATHOLIC DISTRICT SCHOOL BOARD OF EASTERN ONTARIO

2755 Highway 43, Kemptville, Ontario K0G 1J0
phone: 613-258-7757 toll free: 1-800-443-4562
www.cdsbeo.on.ca

Parent/Guardian Consent for Disclosure and Exchange of Information

Notice of Collection

Personal information and personal health information on this form are collected under the authority of the Education Act, R.S.O. 1990, c. E.2 and in accordance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M.56 **(**MFIPPA**)** and, where applicable, the Personal Health Information Protection Act, 2004, S.O. 2004, c. 3 **(**PHIPA**)**. The information is collected for the purpose of documenting and administering consent for the disclosure and exchange of information between the Catholic District School Board of Eastern Ontario and the individual(s) or organization(s) identified on this form in order to support the student's educational programming, health, safety, wellbeing and related services. Questions regarding this collection may be directed to the CDSBEO Privacy Officer, Catholic District School Board of Eastern Ontario, 2755 Highway 43, Kemptville, ON K0G 1J0, 1-800-443-4562.

Name of Student: _____ School: _____

DOB: _____ Age: _____ Grade: _____

Address: _____

Parent Email: _____ Phone: _____

Person(s) Giving Consent

Parent/Legal Guardian Name (please print): _____

Relationship to Student: _____

Student Name *(if student is 12 years of age or older, where the student is capable of providing informed consent):* _____

Personal Health Information to be Disclosed

I /we authorize the disclosure and exchange of the following information (check all that apply) between the CDSBEO and the third party identified below:

_____

Name of CDSBEO Personnel Involved Title Contact Information

_____

Name of Third-Party Agency Personnel Title Contact Information

☐ Medical condition(s) relevant to school attendance or safety (from outside agency to CDSBEO)
☐ Psychoeducational/psychological assessment results and recommendations
☐ Medication regimen (from outside agency to CDSBEO)
☐ Speech/Language assessment and recommendation information
☐ Educational Information (report cards, IEPs, etc)
☐ Safety Response Plan, Plan for Success
☐ Safe Schools' Information
☐ Functional Behaviour Assessment/Plan
☐ Tele-Mental Health Consultation
☐ Other (please specify): _____

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Purpose of the Disclosure

The personal health information described above will be disclosed for the following purpose(s):

- To support the student's health, safety, or well-being at school
- To coordinate care or services related to the student's functioning at school
- To inform and coordinate a comprehensive, multidisciplinary intervention plan, as needed
- Other specific purpose (if applicable)

Legal Authority and Understanding

I/we understand that:

- This consent is provided under applicable privacy legislation, including MFIPPA, and where applicable, PHIPA.
- The information will be used only for the purpose(s) described above.
- I/we are not required to give this consent, and I may refuse or withhold consent.
- I/we may withdraw or change this consent at any time by contacting the CDSBEO, subject to legal limitations. Withdrawal of consent will not affect disclosures made prior to the withdrawal being received.
- I/we understand that once information is disclosed to an external agency or professional, the information will be subject to that organization's privacy practices and may no longer be protected by MFIPPA.
- This consent remains valid for twelve (12) months from the date of signing unless withdrawn earlier in writing.

By signing below, I/we confirm that I/we have read and understood this form, understand the information being disclosed, the purpose of the disclosure, the recipient(s) of the information, the right to withdraw consent, and that consent is being provided voluntarily.

_____ _____

Name of parent(s)/guardian(s) *[please print]* Signature

_____ _____

Name of student (12 years of age and older) *[please print]* Signature

_____ _____

Name of witness *[please print]* Signature

_____

Date