CONSENT TO SERVICE AND DISCLOSURE OF INFORMATION FOR COORDINATED ACCESS AND REFERRAL

Client (child or youth) information

First name	
Last name	
Date of birth	
Age:	

Purpose of this consent

This form asks for your permission to share information about you/your child with Coordinated Access, which is operated by YSB and its member agencies. Sharing this information helps agencies work together to plan services, coordinate support, and create the least intrusive and most effective service plan possible.

Information to be shared

Information may include, but is not limited to:

- Service history and needs
- Assessment reports and case notes
- Counselling or mental health records
- Educational records
- Summaries of involvement
- Other relevant documents

Documents to be shared

Document/Information	Name of Agency/Service Provider

Consent to participate

Who should sign:

- Children under 12: Parent or guardian must sign.
- Children 12–15: Youth may sign. Parent or guardian should sign if youth has not.
- Youth 16 and older: Youth must sign; the youth may consent independently to release of personal information and participation.

Standing committee members

I understand that the following organizations regularly participate in the committee. By checking "No" I **do not** consent to their participation in discussions about my child or myself.

Agency	
Centre Le CAP	No ☐
CHEO	No ☐
Children's Aid Society of Ottawa	No ☐
Crossroads Children's Mental Health Centre	No ☐
Conseil des écoles catholiques du Centre-Est	No ☐
Conseil des écoles publiques de l'Est de l'Ontario	No ☐
Ottawa Catholic School Board	No ☐
Ottawa Carleton District School Board	No ☐
Roberts/Smart Centre	No ☐
Royal Ottawa Mental Health Centre	No ☐
Service Coordination	No ☐
YouTurn Youth Support Services	No ☐
Ministry of Health and Long-Term Care	No ☐
Ministry of Children, Community and Social Services	No ☐
Other service providers (please list):	No ☐

Voluntary participation & right to withdraw

- Participation is voluntary. You may choose not to consent or to limit the information shared.
- You may withdraw consent at any time by contacting the agency or YSB - Coordinated Access directly. Withdrawal will stop future sharing but cannot retrieve information already shared.

Confidentiality

Information shared will be kept confidential and stored securely. Only members of the Coordinated Access Committee and authorized agencies will have access for the purposes described above.

Signatures

Parent/guardian - print name:	
Signature:	
Date:	
Youth (12–15 optional, 16+ required) - print name:	
Signature:	
Date:	
Witness (staff completing form) - print name & role:	
Signature:	
Date:	
Authorized by CEO, Nina Gorka:	
Date:	2026-09-25