



Consent for Release & Exchange of Information

Client Name (Print)

_____/_____/_____
Client DOB (DD/MM/YY)

I, the above-named individual, authorize the Dave Smith Youth Treatment Centre to **Release and Receive** information from the agencies and/or individuals identified below. Such information may include, but is not limited to the following:

- Addiction as well as Mental and/or Physical health treatment summaries;
- Psychiatric and/or Psychological reports regarding assessment, diagnosis and/or treatment
- Criminal record, Pre-Sentence Reports, Bail/Probation Orders and/or Court Dispositions;
- CAS records, including social history, custodial arrangements and Plan of Care.

Agency / Individual Name <i>(Please Print)</i>	Contact Number(s)

I understand that those who work with me or on my behalf will consult with me and with each other about my needs. I further understand they will share information about me as necessary for them to plan, provide and evaluate the service(s) that I have requested and/or received.

I understand that I can refuse to sign this consent form or withdraw my consent at any time. Please note that consent withdrawal requests need to be made in writing and the effect of such withdrawal is not retroactive. Also, decisions to withhold/withdraw consent may result in the termination of DSYTC treatment.

I understand that information can be shared without my consent under the following circumstances: concern regarding child abuse or neglect for children less than 16 years of age is present, a situation involving immediate danger to myself or another exists or a court order is presented.

Client Signature

Date

Witness Signature

Date