



Demographics sticker OR

Name:
 DOB:
 Health No:

CONSENT TO COLLECT, USE and/or SHARE INFORMATION

Information will be shared on a Need to Know basis as per the Health Information Protection Act (HIPA - Section 23) and/or the Local Authority Freedom of Information and Protection of Privacy Act (LAFOIP) for the purpose of providing and coordinating services.

In signing this consent, I agree that the following information about my child:

- Reports, documentation & recommendations
- Joint forms (consent forms, case history, referral form, etc.)
- Progress notes
- _____
- _____

can be shared/released to the following individuals/organizations:

- PNHR pediatric therapy personnel
- NWSD employees
- _____
- _____
- _____
- _____
- _____

For services provided by Northwest School Division, I consent to allow this service to be continued during my child's attendance in Northwest School Division unless discontinuation of services is initiated by the caregiver or therapist.

For services provided by Prairie North Health Region, this consent form is valid for a period of twelve (12) months (maximum) unless otherwise specified: _____.

I have read and understand this consent including possible risks & consequences:

| Signature of Patient or Legal Representative: | Printed Name: | Relationship to Patient (if not self): | Date: |
|---|---------------|--|-------|
| X | | | |

| Witness to signature: | Printed Name: | Relationship to signer or professional title: | Date: |
|-----------------------|---------------|---|-------|
| | | | |

Please indicate the best way for our organizations to share updates with you:

- Text (provide number) _____
- E-mail _____
- Phone (provide number) _____
- Other _____
- I do not wish to receive updates & will contact the necessary individuals

Office Use Only